PERIOPERATIVE NURSING

AN INTRODUCTION

ACORN

4TH EDITION

Brigid M. **Gillespie**, Ben **Lockwood**,
Paula **Foran**, Erin **Wakefield**

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Perioperative Nursing

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Contents

Foreword by Jed Duff

It is my pleasure to introduce the fourth edition of *Perioperative Nursing: An Introduction*, a comprehensive resource designed for students and novice practitioners embarking on a career in perioperative nursing. This edition reflects the collective expertise of a distinguished team of clinicians, academics, educators and healthcare managers, ensuring the material is academically rigorous and practically relevant.

This updated edition incorporates the latest references, a newly added chapter on pain management, and formal endorsement by the Australian College of Perioperative Nurses (ACORN). It aligns with key professional standards, including those of ACORN, the New Zealand Perioperative Nursing College, and the National Safety and Quality Health Service (NSQHS). These alignments ensure the content reflects current best practices and supports the delivery of safe, high-quality patient care.

The text provides a comprehensive overview of the perioperative patient journey, guiding readers through each phase in detail. It covers everything from pre-admission assessments to intraoperative care, recovery and eventual discharge. Additionally, the book addresses the complexities of different surgical environments, including day surgeries and non-traditional care settings, equipping readers with the adaptability needed for modern practice.

Engaging patient scenarios are integrated throughout the text, providing meaningful context and encouraging reflective thinking. These narratives bridge the gap between theory and real-world application, fostering a deeper understanding of clinical decision making. Supplemental online resources and case studies further enhance learning, empowering students to critically evaluate and expand their knowledge.

Perioperative Nursing: An Introduction, fourth edition not only equips readers with the essential skills for perioperative nursing but also inspires them to approach their practice with analytical precision, empathy and a commitment to lifelong learning. It stands as an indispensable guide for those dedicated to advancing their understanding and expertise in perioperative nursing.

Jed Duff, RN, PhD, FACORN
Editor, Journal of Perioperative Nursing
Professor of Nursing, Royal Brisbane & Women's Hospital and Queensland University of Technology
Fellow and past president of the Australian College of Perioperative Nurses

Foreword by Edwina Eaton

Perioperative nurses play a crucial role in ensuring patient safety, optimal surgical outcomes and effective team collaboration. In an era where healthcare challenges are continually evolving, it is essential that perioperative nurses possess a comprehensive understanding of evidence-based perioperative practices, the latest technologies and the increasing complexities of perioperative patient care.

The Australian College of Perioperative Nurses (ACORN) is pleased to endorse the fourth edition of *Perioperative Nursing: An Introduction*. This updated resource is not only a testament to the evolving landscape of perioperative care but also reflects our commitment to advancing high-quality perioperative nursing education in Australia. This text is aligned with The New ACORN Standards: Standards for Safe and Quality Care in the Perioperative Environment (SSQCPE) and the Professional Practice Standards for Perioperative Nurses (PPSPN).

In the dynamic field of healthcare, perioperative nurses play an increasingly critical role in ensuring patient safety and delivering high-quality care, underscoring the need for comprehensive, high-quality education.

This edition thoroughly explores the foundational principles of perioperative nursing, equipping practitioners with essential knowledge and skills to navigate the complexities of the perioperative environment. It serves as a robust resource for both novice and experienced nurses alike. This edition encompasses key principles of perioperative nursing, evidence-based practices and insights into the multidisciplinary approach that is vital for effective perioperative care. By equipping the perioperative nursing workforce with such knowledge, we enable the delivery of compassionate, high-quality care that meets the diverse needs of our patients.

As we strive to elevate standards in perioperative nursing education, resources such as this book are instrumental, as they empower nurses to understand and adapt to the dynamic perioperative environment, promoting lifelong learning and professional development. ACORN is committed to fostering a culture of excellence in perioperative care across Australia.

Edwina Eaton,
RN, MN, GradCert HSM (Q&S), Dip.L&M, BN
ACORN Clinical Excellence Coordinator
On behalf of the Australian College of
Perioperative Nurses (ACORN) Board of Directors

Preface

We are pleased to introduce the fourth edition of *Perioperative Nursing: An Introduction*, which continues to build on significant advancements in practice innovation, surgical and anaesthesia techniques, technology and patient care that have emerged in recent years. The fourth edition of the textbook bids farewell to two editors from the previous edition, Sally Sutherland-Fraser and Menna Davies. Both have made consequential contributions to the text as authors and/or editors since the text's inception. We welcome the addition of two new editors, Dr Paula Foran and Erin Wakefield, both of whom hail from Victoria. This team brings together perioperative nurses with expertise in clinical practice, education and research.

Among the highlights of this edition are expanded discussions on guidelines for patient safety, and updates to clinical care standards including information on the latest developments in clinical technologies, flexible endoscopy, minimally invasive surgery and the cardiac catheter laboratory. Further, in response to feedback from the previous peer review process and anecdotal feedback from readers, a new chapter focusing specifically on pain management (Chapter 13) is included. The changes in each chapter reflect the most current international standards and practice guidelines at the time of writing, and all chapters have been updated and revised. As with the third edition, this text emphasises the concept of the patient's surgical journey, recognising that, while most patients travel elective (planned) pathways, others travel an emergency surgery pathway.

The book is structured based on two parts starting with the principles of perioperative practice. Chapters 1 and 2 provide the novice nurse with descriptions of perioperative roles and the concept of human factors and how this influences safe patient care. Chapter 3 includes content on the medico-legal aspects of perioperative care, emphasising the importance of applying a legal and ethical framework in the delivery of safe patient care. Chapter 4 describes aspects of clinical practice relative to governance, surgical adverse events and a systems approach to managing risk. Chapter 5 describes the perioperative environment relative to operating room layout/design, traffic patterns, environmental controls and workplace health and safety. Chapter 6 describes infection prevention and control practices, and reprocessing of reusable items.

Part 2 of the text focuses on applied practice following the patient's journey from pre-admission to discharge from the postanaesthesia care unit. Aspects of care highlighted include assessment and preparation for surgery (Chapter 7), anaesthesia management and care (Chapter 8), the intraoperative phase of care (Chapter 9) and surgical intervention (Chapter 10). Wound healing, haemostasis and wound closure (Chapter 11) includes a discussion of the skin anatomy, wound types and classification systems, and wound healing processes through to the management of surgical incisions. Postanaesthesia nursing care is covered in Chapter 12. New content on pain management now has its own Chapter 13. Chapter 14 discusses the various contexts in which perioperative care is undertaken, from rural and remote areas of Australia and New Zealand to humanitarian and military settings.

Text boxes and critical thinking questions are included in all chapters, and reflect an evidence-based approach, and most chapters include research examples, where applicable. The scenarios are based on real-life practice examples and are designed to encourage readers to use their critical thinking skills. Readers are introduced to the four scenario characters that appear throughout the text after the Introduction to the book.

This textbook is also endorsed by the peak professional body, the Australian College of Perioperative Nurses (ACORN). As part of endorsement, each of the chapters in this edition of the textbook has been reviewed to ensure the content aligns with the most current ACORN Standards at the time of writing. Having the ACORN's endorsement is important because it:

- validates the textbook's content as reliable, accurate and aligned with current best practice standards
- indicates that the text meets the highest standards of experts in perioperative practice
- establishes the text as a reference point for undergraduate and postgraduate education programs, promoting consistency and standardisation in clinical practice
- supports the need for continuing education and lifelong learning, and

- reflects the recognition of the authors' and editors' standing and expertise in the perioperative field.

The *Evolve* website continues to provide additional resources for readers to test their knowledge through providing perioperative case studies and answer guides, self-assessment with multiple choice questions and answers with rationales, further readings, web links and a glossary of terms.

Finally, this fourth edition would not have been possible without the generous contributions of our co-authors, many of whom are practising clinicians who have given their time and expertise. These contributions have been integral to the success of this edition. Each author has brought clinical experience and passion to their respective focus areas.

We hope readers use this text as an indispensable resource. Whether you are an undergraduate nursing student, a seasoned practitioner or an educator, we hope this book will inspire you to deliver safe, compassionate and person-centred care to every patient you serve.

Professor Brigid M. Gillespie, RN, BHlthSc (Hons), GradCert Periop, PhD, FACORN
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Professor Brigid Gillespie is the conjoint Professor of Patient Safety in Nursing at the Gold Coast University Hospital and Griffith School of Nursing and Midwifery, Gold Coast campus, and Director of a National Health and Medical Research Council (NHMRC) Centre of Research Excellence (CRE) in Wiser Wounds. Her research focuses on patient safety in the areas of surgical care and pressure injury prevention. She is recognised as a world leader in perioperative nursing and has authored over 240 peer-reviewed publications, 2 edited books and 9 book chapters. She has won 11.4 million dollars in competitive research grants, including 5 NHMRC grants and a NHMRC CRE. She has a sustained record as a funded keynote or plenary speaker at many international and interdisciplinary conferences or symposia. In recognition of her impact in the field of perioperative nursing and acute wound care, she was inducted into the Sigma Theta Tau Nurse Researcher Hall of Fame in 2020. She is a Fellow of ACORN, a Life Member of ACORN Queensland and in 2014 was awarded the ACORN Excellence in Perioperative Nursing Award.

Ben Lockwood, RN, Cert IV TAE, BNg (Hons), MACORN, MACN

Ben Lockwood has worked in perioperative services for the past 22 years, and since 2023 Ben has been the Director for the Centre for Nursing & Midwifery Education and Research (CNMER) in the Southern Adelaide Local Health Network (SALHN) – consisting of Flinders Medical Centre (a large tertiary trauma centre), Noarlunga Hospital (a smaller regional facility) and the Repat Health Precinct. Working across a healthcare region with over ten thousand staff, Ben oversees education and training for all roles of nursing and midwifery, including transition to professional practice programs, undergraduate students and postgraduate clinical programs (nursing and midwifery). Ben is an advanced life support trainer, who has a passion for simulation, eLearning and clinical skills training. Prior to this role, Ben was the Advanced Nurse Educator for SALHN perioperative services for over a decade, and prior to this Ben was the Clinical Practice Consultant for SALHN perioperative services undertaking a quality, safety and risk management portfolio. Ben is a member of the South Australian Perioperative Nurses Association (SAPNA), ACORN and Australian College of Nurses (ACN). Ben has presented papers at state, national and international perioperative nursing conferences, and at the Sterilising Research and Advisory Council of Australia (SA) Inc. (SRACA). Ben has provided guest lectures in tertiary institutions, has published articles in the literature and has contributed to perioperative nursing texts.

Paula Foran, RN, GradCert (Perianaesthesia), MProfEd, PhD, FACORN

Dr Paula Foran comes from a perianaesthesia nursing background, having been a past 'Chief Examiner' for the Australian College of Perianaesthesia Nurses fellowship program, and a past Education Officer for ACORN. She has many publications to her credit including published nursing articles and several book chapters. Paula has been a guest speaker and presented keynote presentations at national and international conferences. She was awarded the 'Most Popular Presenter' for her keynote address at the International Collaboration of Perianaesthesia Nurses, and Best Oral Paper award at the European Operating Room Nurses conference in The Hague.

Paula completed her research PhD in Philosophy (Education) in 2012, looking specifically at the value of undergraduate perioperative experience for surgical ward nursing knowledge, and holds an adjunct lecturer position in the School of Nursing at the University of Tasmania. Paula currently sits on the 'Victorian Perioperative Council' and the Anaesthesia case review subcommittee in morbidity and mortality for the Department of Health. She is also a sub-editor for the Journal of Perioperative Nursing and manages the column, 'Emerging Scholars' where Paula assists perioperative postgraduate students to see their publications come to fruition. Among these papers, 3 have won 'Best Paper' in 2020, 2022 and 2023. She is a Fellow of ACORN, and a Life Member of the Victorian Perioperative Nurses Group (VPNG). In her spare time, Paula is a registered Marriage Celebrant and MC!

Erin Wakefield, RN, GradCert Periop, GradCert Clinical Simulation, MN, PhD Candidate, MACORN, MACPAN, FHEA

Erin is an experienced perioperative nurse with a background in clinical leadership and education. As the perioperative nursing stream lead in the Master of Advanced Clinical Nursing program at Monash University, she is a passionate and innovative educator, who brings more than 25 years of clinical experience to the role. Erin is proud to empower students to develop a critical inquiry into practice, to appreciate the power of research and to grow their future leadership potential.

Erin completed her Master's thesis at Monash University, and commenced PhD study in 2020. She has had multiple perioperative nursing and educational publications, and now has the pleasure of supervising Masters by research students. Erin has presented at national and international conferences and was a contributor to the 2024–5 update of the ACORN Standards. She chairs the national ACORN Perioperative PhD special interest group, and has recently joined the Journal of Perioperative Nursing editorial advisory board.

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Bringing this textbook to life in its fourth edition has been a collaborative effort, and a labour of love. We are deeply grateful to the many individuals who contributed their time, expertise and support throughout its revision and update. First and foremost, we thank the chapter authors – clinicians, researchers and educators – who generously shared their knowledge, experience and insights. Their contributions have shaped a comprehensive and practical resource for perioperative practice that we hope will serve current and future generations of healthcare professionals.

We are also indebted to our peer reviewers, whose insightful and constructive feedback has strengthened the quality, clarity and relevance of each chapter. Their critical eyes and professional generosity helped ensure that this text reflects the latest evidence-informed practices and meets the high standards of the perioperative community.

Our sincere thanks go to the publishing team and behind-the-scenes staff at Elsevier who helped bring this project to fruition. From production coordinators to copy editors and proofreaders, their attention to detail, responsiveness and dedication to excellence have contributed to the quality of this textbook.

We also gratefully acknowledge the endorsement of the Australian College of Perioperative Nurses (ACORN). The support of our peak professional body affirms the relevance and integrity of this work and highlights its value in advancing perioperative nursing education and practice across Australia. We especially acknowledge Edwina Eaton for her meticulous review of the chapter's content to ensure its alignment with the most current ACORN Standards and Position Statements.

Finally, we express our heartfelt appreciation to our families, friends and loved ones for their patience, encouragement and unwavering support throughout this demanding project. Their understanding made the long hours possible.

Brigid M. Gillespie, Ben Lockwood,
Paula Foran and Erin Wakefield

Introduction: How to use this book

We recognise the potential diversity of our readers in terms of their knowledge and experience in healthcare and perioperative practice. We have written this new edition to meet the needs of all readers.

- Individual readers such as nursing students, new and experienced perioperative nurses, as well as perioperative support staff such as orderlies, can use this book to:
  - understand the underlying principles and rationales for perioperative nursing practices
  - identify standards for safe patient care during the perioperative patient journey
  - apply principles of perioperative practice to the clinical setting.
- Managers, educators and experienced perioperative nurse preceptors can use this book to:
  - examine workplace health and safety issues for perioperative nurses
  - develop orientation and education support programs for nursing and ancillary staff.
- Course coordinators can use this book to:
  - support courses/units relating to infection prevention and control, surgical nursing care and perioperative patient journeys
  - provide support materials for students to explore perioperative nursing roles and career pathways.

THE HEALTHCARE SETTING

The healthcare setting for these scenarios is a busy metropolitan public hospital with 20 commissioned operating rooms and a large postanaesthesia care unit (PACU). The hospital also has a large emergency department, a maternity service and an integrated day surgery ward, as well as a pre-admission clinic and several outpatient clinics providing pre- and postoperative services to surgical patients.

THE PERIOPERATIVE NURSES

The healthcare team in the operating suite provides a 24-hour service and includes perioperative nurses with different levels of experience and specialty skills. We present the nurses in alphabetical order by family name:

Nurses	Experience and Specialties
Student Nurse Rose **Cheng**	Third-year student nurse
RN Rob **Cohen**	Newly qualified nurse on the transition program in the instrument/circulating nurse role
RN Anne **Fuller**	Experienced rural/remote nurse
RN Ben **Lumby**	Part-time perioperative nurse surgical assistant (PNSA)
EN Marcus **Macedo**	Experienced in the anaesthesia nursing role
RN George **Markham**	Experienced surgical nurse
RN Margaret **McCormack**	Experienced in the anaesthesia nursing role
EN Pauline **Noakes**	Experienced in the instrument/circulating nurse role
RN Sandy **Pereira**	Experienced in the instrument/circulating nurse role
EN Sammy **Ravisi**	Experienced in all perioperative nursing roles
RN Jenny **Sang**	Experienced in anaesthesia and postanaesthesia nursing roles
RN Jan **Black**	Acute pain management nurse

PATIENT SCENARIO DETAILS

Throughout this book, we present four patient scenarios which demonstrate the diversity of the perioperative patient journey:

- **Mr James Collins** – a 78-year-old man admitted for an elective right total knee replacement (TKR)
- **Mrs Patricia Peterson** – a 42-year-old Indigenous woman admitted for an emergency laparoscopic cholecystectomy
- **Ms Janine Clark** – a 35-year-old pregnant woman admitted for an elective lower segment caesarean section (LSCS)
- **Master Thanh Nguyen** – a 3-year-old male child admitted as a day surgery patient for an elective left orchidopexy.

Each scenario includes a series of Critical Thinking Questions (CTQs) linked to one or more of these patients which asks readers to consider the patient's history and the information provided as the scenarios unfold. We have developed these scenarios to test readers' knowledge of perioperative nursing practice and prompt readers to think critically about the care of these patients. Many of CTQs are based on the perspective of the scenario's nurses who are working in different roles and have different experience levels. Other CTQs provide the opportunity for a more personal reflection by asking readers to consider their own perspective, their current workplace and recent clinical experiences. Readers may choose to answer the CTQs from different perspectives. We provide model answers for the CTQs, which readers can access online through the Elsevier Evolve site. A detailed medical history for each of our patients is provided here. More details will be introduced in the chapters as each of the relevant scenarios unfolds.

Mr James Collins is a 78-year-old man, who lives alone and independently in his own home. His presenting conditions are the chronic pain and reduced mobility from the bony degeneration of his right knee. He is being admitted for an elective right total knee replacement under a spinal anaesthetic with sedation. He will be administered a continuous nerve block for management of postoperative pain.

Mr Collins' medical history is:

- no known allergies
- healthcare-acquired methicillin-resistant *Staphylococcus aureus* (HA-MRSA)
- current smoker, with a 50-year smoking history of a pack of cigarettes per day
- severe chronic obstructive pulmonary disease (COPD), which is managed at home with oxygen of 2 L/min
- peripheral vascular disease
- hypertension
- body mass index (BMI) of 34 (weight 110 kg, height 180 cm), classifying him as obese

Mr Collins' surgical history is:

- bilateral inguinal hernia repair (20 years ago)
- three angioplasties (31 right leg, 32 left leg) to his legs over the past 5 years; the most recent procedure was about 1 year ago.

Mr Collins' current medications include:

- fentanyl 75 mg transdermal patch every 3 days (opioid analgesic prescribed for relief of pain from his arthritic knee)
- perindopril 4 mg BD (antihypertensive)
- atorvastatin 40 mg OD (cholesterol-lowering agent).
- clopidogrel 75 mg OD (anticoagulant).
- diclofenac 50 mg PRN (non-steroidal anti-inflammatory drug (NSAID)).

Mrs Patricia Peterson is a 42-year-old Indigenous woman who lives at home in a remote community with her husband and two teenage children. She was transferred to the emergency department of a metropolitan public hospital with increasing right upper quadrant pain, biliary cholic, nausea and vomiting. Mrs Peterson has been diagnosed with acute cholecystitis and is being admitted for an emergency laparoscopic cholecystectomy.

Mrs Peterson's medical history is:

- possible sensitivity to chlorhexidine
- hypertension
- type 2 diabetes
- BMI of 39.1 (weight 94 kg, height 155 cm), classifying her as obese

Mrs Peterson's surgical history is:

- endoscopic retrograde cholangiopancreatography (ERCP) 2 years ago for stone removal from cystic duct
- left knee arthroscopy 5 years ago.

Mrs Peterson's current medications include:

- telmisartan 40 mg OD (antihypertensive)
- metformin 500 mg BD (hypoglycaemic agent)
- simvastatin 20 mg OD (cholesterol-lowering agent).

Ms Janine Clark is a 35-year-old pregnant woman who lives at home with her partner and two young children. She is being admitted for an elective lower segment caesarean section (LUSCS).

Ms Clark's medical history is:

- anaphylaxis to penicillin
- recurrent bouts of tonsillitis as a child.

Her surgical history includes:

- adenotonsillectomy at age 7
- two previous LUSCSs (with difficult wound healing after her last LUSCS).

Ms Clark takes no regular medications.

Master Thanh Nguyen is a 3-year-old male child who lives at home with his two parents and older sister. Thanh's father speaks Vietnamese, French and English, while his mother speaks Vietnamese. Thanh is being admitted as a day surgery patient for an elective orchidopexy of his undescended left testicle.

Thanh is a healthy child with no known allergies and no significant medical or surgical history.

CHAPTER 1

Perioperative Nursing

KIM BRYANT • JUDITH SMITH

LEARNING OUTCOMES

- Review key features of the regulatory environment for nurses working within Australasia
- Discuss the history and philosophy of perioperative nursing practice
- Examine cultural safety and the nurse's role as patient advocate within perioperative nursing practice
- Describe the patient journey and the overlap of perioperative nursing roles in the management of the patient
- Define the terms *scope of practice* and *advanced practice* in the context of perioperative nursing practice
- Outline the role of professional perioperative nursing organisations
- Discuss the need for professional development and the importance of research and an evidence-based approach to practice

KEY TERMS

accountability
advanced practice
advocacy
competence
continuing professional development
cultural safety
delegation
evidence-based practice
orientation programs
patient journey
perioperative
perioperative nursing roles
practice standards
professional associations
scope of practice
supervision

INTRODUCTION

This chapter introduces the novice perioperative nurse to the key concepts and principles that inform perioperative practice within Australasia. A brief review of the regulatory environments for general nursing practice in Australia and New Zealand (NZ) is provided. Key aspects of nursing regulation such as scope of practice and accountability are defined, and the relationship between accountability, delegation and supervision is explored. This chapter then turns to specialty nursing practice, beginning with a brief history of perioperative nursing and its underpinning philosophy of holistic patient care. The perioperative patient journey is outlined, and the importance of cultural safety explained. This sets the context for a description of each of the patient care roles that perioperative nurses perform, including advanced practice roles emerging in Australasian healthcare systems. The chapter then explores the ways in which education and professional associations support the development of specialty nursing expertise. In closing, the value of professional practice standards, perioperative research and evidence-based practice (EBP) are highlighted. Throughout the chapter, a series of patient scenarios illuminate the chapter's key concepts, prompting the reader to reflect on their experiences and to promote learning.

PATIENT SCENARIOS

Consider all four of the patient scenarios detailed at the front of the book as you read this chapter.

1. Mr James Collins is a 78-year-old man scheduled for a right total knee replacement (TKR).
2. Mrs Patricia Peterson is a 42-year-old Indigenous woman who requires an emergency laparoscopic cholecystectomy (lap chole).
3. Mrs Janine Clark is a 35-year-old woman scheduled for an elective lower uterine segment Caesarean section (LUSCS).
4. Master Thanh Nguyen is a 3-year-old boy admitted as a day surgery patient for a left orchidopexy.

The following perioperative team members also appear in the patient scenarios:

Nursing team: Enrolled Nurse (EN) Marcus Macedo (in the anaesthesia room), Registered Nurse (RN) Sandy Pereira, RN Ben Lumby and RN Rob Cohen (in the operating room [OR]). Silvana Perez appears as the medical company representative (MCR).

THE REGULATORY ENVIRONMENT

The practice of health professionals is regulated to protect the public. Globally, nurses are the largest group of health professionals (International Council of Nurses [ICN], 2020a) while, in Australasia, nurses and midwives are collectively the largest group of regulated health professionals (Australian Health Practitioner Regulation Agency [AHPRA], 2024; Australian Institute of Health and Welfare [AIHW], 2018; New Zealand Nurses Organisation [NZNO], 2024). In Australia, each state and territory has enacted a version of the Health Practitioner Regulation National Law (AHPRA, 2024), known simply as the National Law, while the Health Practitioner Competence Assurance Act 2003 regulates nursing practice in New Zealand. The Nursing and Midwifery Board of Australia (NMBA, 2023a) is the statutory decision-making body under the National Law, responsible for registering nurses and ensuring that they are competent and fit to practise. In New Zealand, the equivalent decision-making body is the Nursing Council of New Zealand (NCNZ) (2024a, 2024b) (Fig. 1.1).

Nursing practice in Australasia is further informed by a 'professional practice framework' (PPF) comprising: registration standards (NCNZ, 2024c; NMBA, 2021a), professional codes of conduct and ethics (ICN, 2021; NCNZ, 2012a), standards for practice or competencies (NCNZ, 2022a, 2022b, 2024c, 2024d; NMBA, 2022a) as well as various guidelines and position statements. A robust PPF supports nurses to understand their responsibilities and obligations with the aim of promoting safe practice (NMBA & AHPRA, 2024a). The issues addressed by nursing regulatory bodies in PPF documents include the use of protected titles (NMBA, 2019a), re-entry to practice, decision making about scopes of practice and delegations to others (NCNZ, 2012b, 2024d; NMBA, 2023b), the use of social media (NMBA, 2019b), cultural safety (NMBA & Congress of Aboriginal and Torres Strait Islander Nurses and Midwives [CATSINaM], 2019), vaccination and cosmetic medical procedures (NMBA, 2023c). The medico-legal aspects of the regulatory environment which influence contemporary nursing practice are presented in Chapter 3.

Nursing **competence** is an essential element of safe patient care. It includes the knowledge, skills and attitudes a nurse must possess to enable the provision of safe and effective care (Rasha et al., 2023). In the perioperative context, competence has been identified as encompassing both technical and non-technical skills across six domains: foundational knowledge and skills, leadership, proficiency, empathy, professional development and collaboration (Gillespie et al., 2023), and can be developed through strategies such as evidence-based education or training programs and supported clinical practice (Stucky et al., 2023).

In both Australia and New Zealand, there are two levels or divisions of nurse on the register: registered nurses (RNs), who are also known as Division 1 nurses in Australia, and enrolled nurses (ENs), also known as Division 2 nurses in Australia. The scope of practice and capabilities of RNs and ENs are regulated by the NMBA (2023b) in Australia and the NCNZ in New Zealand (2024b). Another important aspect of regulation is the protection of health professional titles including those of 'nurse' and 'nurse practitioner' (NP) (NMBA, 2019a). This protects the public by ensuring that only those who possess the necessary qualifications and competence are able to register and practise the profession (NMBA, 2019a).

During their journey through the health system, the surgical patient will receive care from a diverse multidisciplinary team whose members have the combined skills and capacities to provide holistic and individualised care.

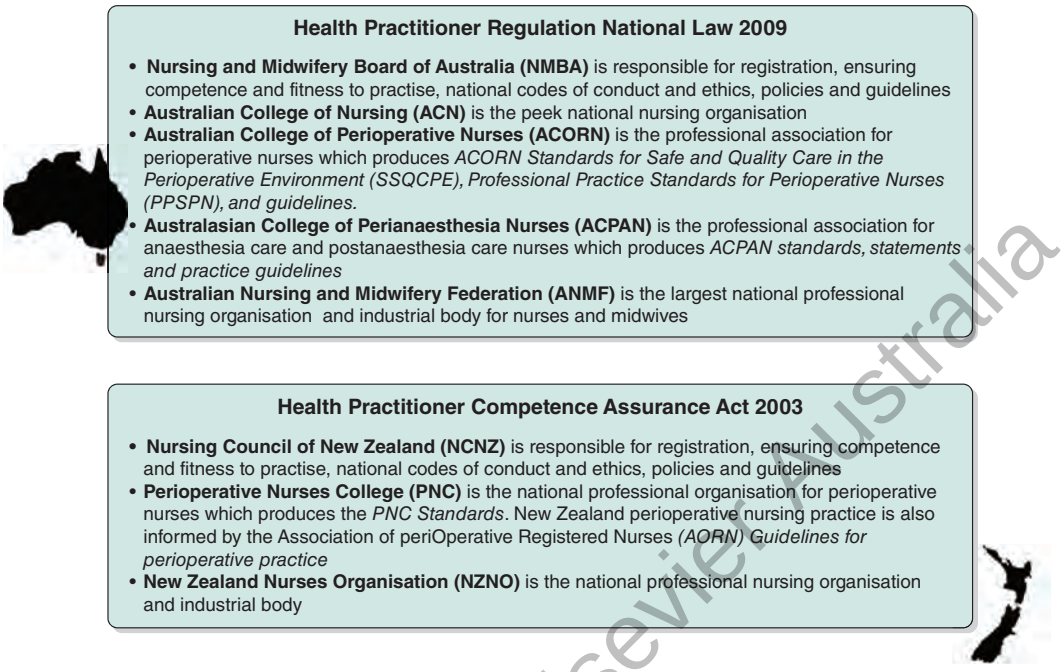

FIG. 1.1 Summary of Australasian regulatory and professional entities of relevance for perioperative nurses.

The perioperative team comprises regulated health professionals (e.g. RNs and ENs, NPs, doctors and allied health workers such as radiographers and anaesthetic technicians, a regulated role in NZ), as well as non-regulated staff working in supporting and ancillary roles under the supervision of the perioperative RN (e.g. assistants-in-nursing [AINs], patient care assistants [PCAs], healthcare assistants [HCAs], orderlies, sterilisation technicians and medical company representatives) (Australian College of Perioperative Nurses [ACORN], 2020a, 2020b). Students of nursing, medicine and/or allied health fields such as physiotherapy may also be present in the perioperative environment (ACORN, 2020c). The safe and effective performance of such a large and diverse team has its origins in a strong regulatory environment. The professional associations support this in their role as strong advocates for appropriate educational preparation, competence, scopes of practice and accountability of perioperative team members (ACORN, 2024a; Australian and New Zealand College of Anaesthetists [ANZCA], 2016a, 2016b). Further information about the safe functioning of the perioperative team is provided in Chapter 2.

Scope of Practice

In regulatory terms, the NMBA (2023b) describes **scope of practice** as the full range of actions and activities for which individual nurses are educated and deemed competent to perform and which are permitted by law. All nurses must function within the profession's collective scope of practice and must meet the overarching requirements of the profession's national codes and standards of practice (NCNZ, 2012a, 2024d; NMBA, 2022a; NMBA & AHPRA, 2024b). This requirement applies equally to generalist and to specialist nurses. Individually, however, scopes of practice will differ between nurses. This is because a nurse's scope of practice is influenced by the specific health needs of the people in their care, the competence and the confidence level of the individual nurse as well as the needs and requirements of the service. Scope of practice is also influenced by the specific context of the practice setting. Perioperative nurses work in a unique environment and consequently have a more defined and specific scope of practice than the nursing profession as a whole. Both the NMBA in Australia and the NCNZ in New Zealand provide guidance about how changes to nurses' scope of practice can safely be assessed and implemented (NCNZ, 2010, 2011b; NMBA, 2023b). This is a theme that will be further explored throughout this chapter.

Accountability

In all of their activities, nurses remain accountable and responsible for their practice and, along with **advocacy**, these concepts are enshrined in an

international code of ethics (ICN, 2021) and national codes of conduct (NCNZ, 2012a; NMBA, 2022a). The NCNZ (2012a) simply defines **accountability** as answering for one's decisions and actions, a requirement that applies to all nurses equally, whether the nurse is an RN or an EN working under the supervision and direction of an RN (NMBA, 2016a, 2016b). Being accountable means that the nurse must be answerable to others (such as patients, colleagues, employers and regulatory bodies) for their actions and behaviours, as well as for any decisions they make during the performance of their role. For example, the RN has an additional level of accountability whenever they delegate activities to others, such as an EN, a less experienced RN or another member of the multidisciplinary team. In this situation, the RN will also be held accountable for their decision to delegate (NMBA, 2016b, 2023a).

Relationship Between Accountability, Delegation and Supervision

There is an important relationship between accountability, **delegation** and **supervision**. Consider the example above, when delegation of patient care occurs in the perioperative setting. The national professional practice standards of ACORN require the perioperative RN to coordinate patient care activities and to do so by supervising, overseeing or directing the activities of ENs and other members in the team (ACORN, 2024b, 2024c). In practice, this means that the delegating RN will need not only to consider the EN's scope of practice in the specific perioperative context, but also to provide the level of supervision required by the individual EN during the conduct of care. The outcomes of the EN's care provision of the delegated activity must also be evaluated by the RN (ACORN, 2024b, 2024c). By supervising the activity, the delegating RN can monitor whether the EN requires additional support or instruction in their performance of the activity. Whilst the RN is supervising the EN delegated activities, the EN is still accountable for the tasks and activities undertaken (ACORN, 2024c, 2024d; NMBA 2016a). ACORN (2024e) also stipulates that the performance of the surgical count requires two nurses, one of whom must be an RN (see Chapter 9 for further information). For example, a perioperative RN must work in the circulating nurse role whenever an EN is working in the instrument nurse role (ACORN, 2024b, 2024c, 2024d, 2024f).

These perioperative examples demonstrate the 'delegation relationship' that exists when any nurse entrusts aspects of nursing practice to another person (NMBA, 2023a). Each delegation needs to be judged on the individual circumstances, and the actual outcomes of the delegation need to be assessed (NCNZ, 2012b; NMBA, 2023a). Regulatory bodies require that such delegations should be made only by RNs who are themselves competent to perform the activity and, therefore, capable of evaluating the outcomes of such delegations. This requirement ensures that the other person's performance (i.e. the EN in these examples) and the patient outcomes meet the expected professional standards.

A clearly structured and objective decision-making process can assist nurses in making these safe delegations. In Australia, the NMBA's decision-making framework (DMF) comprises a set of nationally agreed principles with the purpose of guiding nurses to make consistent and appropriate decisions about patient care and to determine who is best suited to provide that care (NMBA, 2023a). Box 1.1 outlines the DMF statements of principle that should guide nursing practice decisions, particularly in relation to allocation of care roles. The DMF is a particularly helpful tool when

BOX 1.1
Guide for Nursing Practice Decisions: Statements of Principle

1. The primary motivation for any decision about a care activity is to meet people's health needs or to enhance health outcomes.
2. Nurses are responsible for making professional judgements about when an activity is beyond their scope of practice and for initiating consultation with, or referral to, other members of the healthcare team.
3. Expansion to scope of practice occurs when a nurse assumes responsibility for an activity that is currently outside the nurse's scope of practice, or where an employer seeks to initiate a change, because of evaluations of services and a desire to improve access to, or efficiency of, services to groups of people.
4. Registered nurses (the delegator) are accountable for making decisions about who is the most appropriate health professional or health worker to delegate to (delegatee) to perform an activity that is in the nursing plan of care.
5. Nursing practice decisions are best made in a collaborative context of planning, risk management and evaluation.

(Source: Nursing and Midwifery Board of Australia. (2023a). *Decision-making framework for nursing and midwifery* (pp. 5–6).

BOX 1.2
Examples of the Perioperative RN's Accountability for Delegated Decisions

- The RN monitoring a nursing student's placement of a forced-air warming device on a patient in the anaesthesia bay
- The RN providing direct supervision and timely instructions for the EN instrument nurse who is learning a new surgical procedure
- The RN assessing a patient's skin integrity after the theatre orderly/health service assistant has removed the pneumatic tourniquet cuff from the patient's thigh
- The RN examining the functionality of the flexible scope after reprocessing by the sterilising technician before releasing it to the proceduralist
- The RN supervising the nursing student attending to the PACU patient's hygiene and comfort

See Chapter 3 for the legal and ethical implications of accountability, particularly in relation to the surgical count and with documentation.

BOX 1.3
Spotlight on Scope of Practice Boundaries – Medication Administration

In Australia, registered nurses (RNs – Division 1) can administer medications to the patient via all routes. Enrolled nurses (ENs – Division 2), however, have a different scope of practice with medication administration. The following regulatory conditions apply:

- The EN must have completed a Board-approved EN medicine administration course.
- The EN's registration must be without notations restricting them from medication administration.
- The organisational policy must support and outline EN medication administration.
- The EN can administer medication via intravenous (IV) injection only after they have completed education in IV medication administration and only after they have demonstrated their competence in IV medication administration.

Differences in scope of practice, particularly with medication administration, will inform the allocation of perioperative roles. Pre-admission nurses, anaesthesia nurses and PACU nurses may be required to administer IV medications to patients during the preoperative or postoperative phases of their perioperative journey, while it is rare for circulating and instrument nurses to be required to administer IV medications during the intraoperative phase and surgical procedures. Differences between nurses' designations will also inform the allocation of perioperative roles. The management of restricted schedule medications is another area for consideration, while control of the keys to restricted medication rooms, secure cupboards and safes may be allocated to the RN but not the EN, regardless of their allocated perioperative role. In New Zealand, within the acute care setting, medicines should be administered only by regulated nurses/midwives who are competent to do so and aware of their accountability, but otherwise medication administration is within an EN's scope of practice. The EN retains responsibility for their actions and remains accountable to the RN (NCNZ, 2022a). It is recommended that access to controlled drugs and witnessing, administering and documentation of these medications is described in local workplace policies and guidelines.

considering an expansion to the scope of practice of an individual nurse or group of nurses. In NZ, the NCNZ has also developed a decision-making process (NCNZ, 2010) and has produced two guidelines for RNs that highlight the important connection between accountability and the practice of delegation to ENs (NCNZ, 2016) and healthcare assistants (NCNZ, 2012b). Specific examples of the perioperative RN's accountability for delegated decisions are provided in Box 1.2, while Box 1.3 provides a spotlight on scope of practice boundaries relating to medication administration.

THE HISTORY AND PHILOSOPHY OF PERIOPERATIVE NURSING

The term **perioperative** refers to the delivery of patient-centred, multidisciplinary, integrated care for patients from the *'contemplation of surgery throughout the surgical pathway to recovery'* (Wall et al., 2022, p. 138). The perioperative nurse is a skilled healthcare professional who provides care to patients during this period, in collaboration with other members of the healthcare team (ACORN, 2024a, 2024f).

The perioperative environment is a complex work environment where time pressures and quickly changing situations occur (Holmes et al., 2020). This complexity is evident in the diversity of surgical procedures performed, the specialised technology used and the number of staff members required to ensure safe patient care. The nurse working in the perioperative environment may experience rapidly changing situations, requiring precision and coordination to manage patient care efficiently and effectively. The perioperative nurse also acts as a patient advocate during the perioperative journey (ACORN, 2024c, 2024d, 2024f, 2024g, 2024h, 2024i). This means that the patient's autonomy is safeguarded, as the perioperative nurse

acts on behalf of patients to protect their rights, values, benefits and well-being, serving as an intermediary between patients and healthcare providers (Abbasinia et al., 2020). The philosophy of perioperative nursing encompasses a holistic, multidisciplinary approach:

- The dignity of persons with diverse physical, emotional and cultural backgrounds is acknowledged.
- The knowledge and skills of all multidisciplinary team members to deliver optimal patient outcomes using research-based healthcare is promoted.
- A safe physical and psychological environment is created for all persons.

Perioperative nursing is one of the oldest nursing specialties, the foundations of which were laid by Florence Nightingale in the late 1800s (Hamlin, 2020). Nurses were responsible for the care of surgical patients not only before and after surgery but also during surgery, providing assistance to the surgeon (Hamlin, 2020). During the First World War, nurses continued to be recruited to the armed forces to be responsible for patients' perioperative care. During the Second World War, more advanced surgery was performed in field hospitals and required more technical equipment, which reinforced nurses' professional functions in the operating theatre.

Advancing technology and changes in healthcare delivery provide today's nurses with a choice of roles in the perioperative environment – an environment that is continually expanding its geographical boundaries and is no longer confined to the operating room (see Chapter 14 for non-traditional environments in which surgical intervention is performed). Furthermore, perioperative nurses have an accountability to explore strategies not only for professional development through continuing education and specialist postgraduate education, but also for practice development through engagement in research and evidence-based practice (ACORN, 2020f, 2024j, 2024k).

THE PERIOPERATIVE PATIENT JOURNEY

The patient's surgical pathway, also known as the perioperative **patient journey,** is underpinned by the six essential elements for comprehensive care delivery identified by the Australian Commission on Safety and Quality in Health Care (ACSQHC/the Commission) (Fig. 1.2). These elements inform the perioperative RN in their role as the coordinator of patient care and support the aim of delivering the best possible outcome for the patient. The first three elements focus on the preparation and information-gathering requirements for care delivery, while the remaining three elements address aspects of implementation and the delivery of care (ACSQHC/the Commission, 2018). During an elective admission to a health service, the perioperative patient journey may begin as early as the pre-hospital onset of symptoms. It may include the surgeon's or NP's assessment of symptoms and the decision to operate. It may include a period of in-patient management and continue through to a period of home recovery and rehabilitation in the community (Fig. 1.3).

The perioperative patient journey during a non-elective or emergency admission will be different and may begin with the patient's arrival in the emergency department of the health service. The patient's personal details and medical history may be unknown. There may be minimal time to conduct diagnostic tests in preparation for the patient's interventional procedure or surgery, other than immediate resuscitation by the emergency service and first responders (Fig. 1.4).

Advances in surgical technology and procedures, improvements in anaesthesia techniques and changes in the healthcare environment have altered where and how surgery and invasive procedures are performed (these concepts are explored in following chapters). The journey of the patient undergoing surgery has expanded from the traditional boundaries of the OR to include broader perioperative environments, such as stand-alone day surgery facilities, ambulatory settings and endoscopy units, with over 53% of acute surgical procedures in Australia being performed in these settings (AIHW, 2019). Regardless of when or where the surgical patient's experience takes place, the perioperative patient journey involves complex teamwork between healthcare professionals, requiring coordination and effective interpersonal communication (Holmes et al., 2020). In the perioperative environment, effective teamwork is essential to prevent, detect and manage life-threatening events (Urpo et al., 2021). These issues are addressed in more detail in Chapter 2. Perioperative nurses contribute to a safe patient journey and ensure better patient outcomes not only through their role as patient advocate, but also by the application of their specialist knowledge and skills, which must be underpinned by a culturally safe and ethically caring approach (ACORN, 2024b, 2024c, 2024d, 2024f, 2024g, 2024h, 2024i).

CULTURALLY SAFE CARE

Healthcare professionals work in richly multicultural environments. The countries known today as Australia and New Zealand are the lands of First Nations people including Aboriginal and Torres Strait Islander peoples

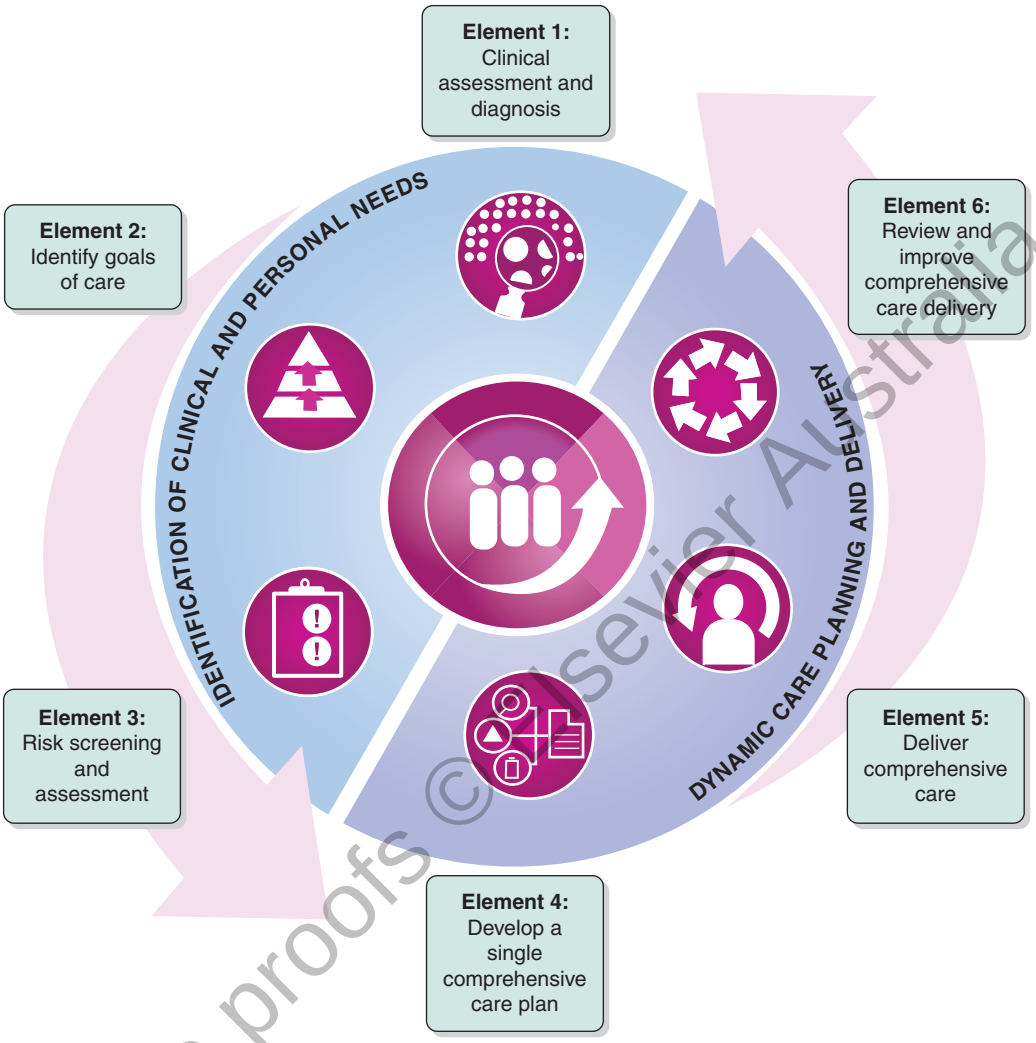

FIG. 1.2 Essential elements for comprehensive care delivery. (Source: Australian Commission on Safety and Quality in Health Care (ACSQHC/the Commission). (2018). Essential elements for comprehensive care delivery.)

and the Māori, who have lived with and cared for the lands for millennia prior to colonisation. In more recent times, immigration from other countries means there is an increasing cultural diversity in both Australia and New Zealand.

The 2018 'Closing the Gap' report outlined that Aboriginal and Torres Strait Islander peoples continue to experience worse health outcomes than non-Indigenous Australians (NMBA & CATSINaM, 2019). Colonisation and the actions of colonisers still impact negatively on the physical and mental well-being of Indigenous peoples owing to inequalities across a spectrum of social and cultural measures (AIHW, 2022; NMBA & CATSINaM, 2019). Such is the disparity between health outcomes for Indigenous and non-Indigenous Australians that one of the objectives of the health professional law in Australia is to *'build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples'* (HPRNL 2009 (NSW) s3).

In New Zealand, the concept of **cultural safety** arose from the seminal work of Māori nurse educator

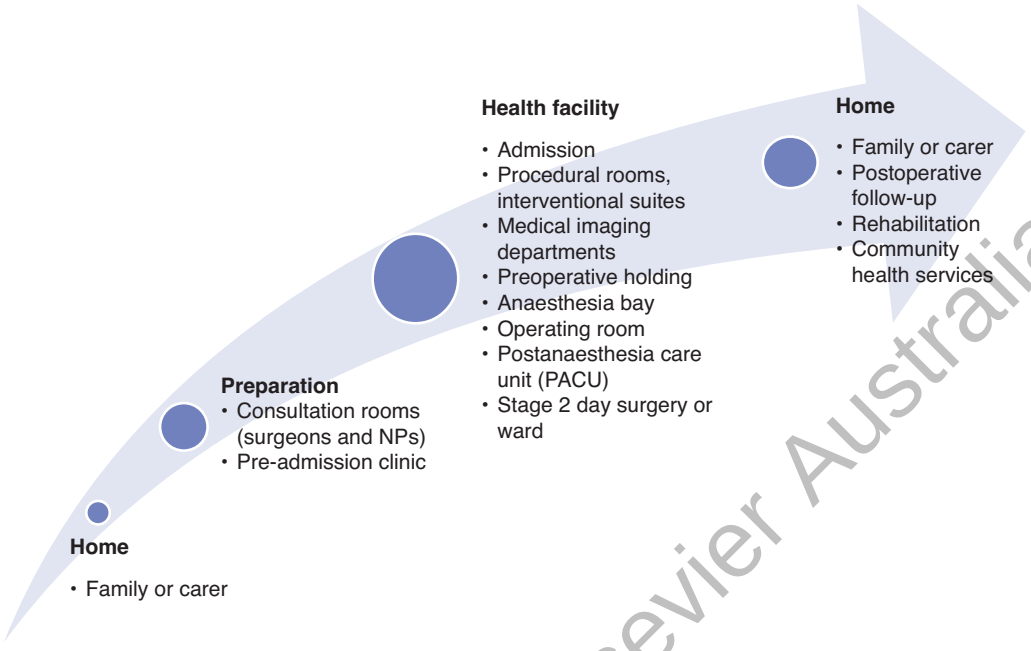

FIG. 1.3 The perioperative patient journey: elective admission.

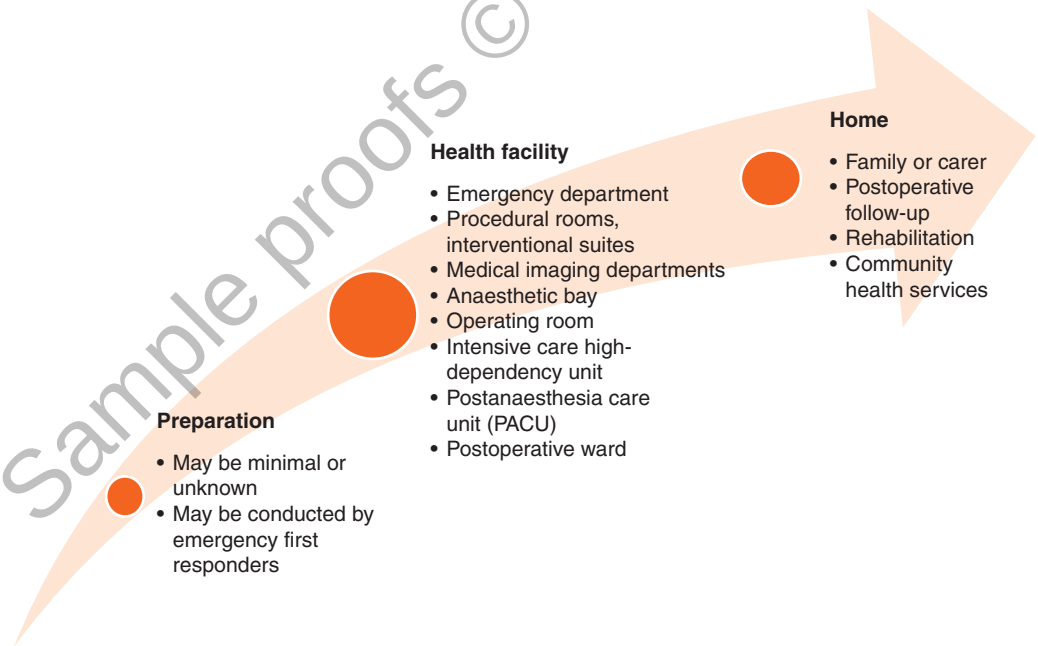

FIG. 1.4 The perioperative patient journey: non-elective or emergency admission.

Dr Irihapeti Ramsden (2002), who wrote the original cultural safety guidelines and changed the national nursing curriculum (NCNZ, 2011a). She used her own experience of racism, and of being a nurse, in a political way to improve health services for all. Cultural safety is more than providing culturally safe patient-centred care; it requires critical self-reflection of nurses and considers culture, society, racism in both health services and nursing care provision, and inequality (Best et al., 2022).

In Australia, the principles of person-centred practice, cultural practice and respectful relationships are recognised in the national *Code of conduct for nurses* (NMBA, 2022a). In complying with the code, nurses are expected to demonstrate cultural safety through the delivery of holistic and inclusive patient care. Such patient care acknowledges, without bias or racism, the cultural needs and values of Aboriginal and/or Torres Strait Islander peoples (NMBA, 2022a). Nurses have a duty of care to ensure that the needs of their patients are met by the provision of nursing care that is not only technically competent but also culturally and individually appropriate. An understanding of the patient's beliefs and cultural background, which are not always aligned to ethnicity, is fundamental to meeting these differing needs.

In the New Zealand nursing context, kawa whakaruruhau (cultural safety) is defined as:

> *the effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.*
>
> *The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual.*
>
> **(NCNZ, 2011a, p. 7)**

It relates directly to the individual's experience of receiving nursing care, and includes both cultural awareness and sensitivity (Blackmoore-Tufi & Taylor, 2023). The nurse practises cultural safety by working with Māori persons to improve health outcomes; empowering patients to self-determination over health; recognising that health is taonga (treasured), and, on a broader scale, working towards equitable access to health services (Blackmoore-Tufi & Taylor, 2023). The origins of cultural safety are described further in Feature box 1.1.

For perioperative nurses, the implications of cultural safety apply not only to the patients in their care, but also to their colleagues working within culturally diverse healthcare teams (ACORN, 2020d; Schmidt et al., 2023). Cultural competence aims to decrease the inequities and barriers that place people from culturally diverse backgrounds at risk of culturally unsafe experiences, which may make patients reluctant to seek care in the future and may even cause harm (Červený et al., 2022; Muise, 2019). The nature of the perioperative environment raises specific challenges relating to the culture of and language used by patients. The availability of appropriate mechanisms to engage with healthcare

FEATURE BOX 1.1
The Origins of Cultural Safety

The term 'cultural safety' has its origins in New Zealand, where nursing leaders recognised that the national nursing curriculum of the 1980s did not adequately reflect the perspectives of Māori peoples. Cultural safety was formally adopted by the Nursing Council of New Zealand in 1992, after it became a state examination requirement (Papps & Ramsden, 1996). While the terminology has continued to be refined, cultural safety in New Zealand remains focused on the improvement of the health status of all peoples. It acknowledges the unequal power relationship that may exist between caregivers (including nurses and midwives) and those peoples in their care. Cultural safety recognises other inequities and differences in such relationships including age, ethnicity, belief systems, gender and sexual orientation. Caregivers who might harbour negative attitudes about those who are different from them are unable to provide truly patient-focused care (Papps & Ramsden, 1996).

The writing of Indigenous scholar Irihapeti Ramsden has been pivotal to the formation of cultural safety, not only in New Zealand but also in Australia (CATSINaM, 2024). The value of a cultural safety framework has been recognised in Australia, particularly by organisations that represent and/or provide services to Aboriginal and Torres Strait Islander peoples and more recently by Australian health professional regulators including the NMBA, which released a joint statement with CATSINaM stating that *'... cultural safety and respectfulness is the responsibility of all nurses and midwives. By embracing this principle nurses and midwives provide leadership in building a health system that is free of racism and inequality, that is accessible for all.'*

(Source: NMBA & CATSINaM, 2019).

in a culturally meaningful way has the potential to reduce health inequities and improve patient experience (Bonus et al., 2022).

Religious Considerations

Spirituality and religion play critical roles in how some patients engage in decision-making processes and cope with illness. Integrating a patient's religion and spirituality into clinical practice, as a part of holistic nursing care provision, has been found to improve patient satisfaction and comfort, and have positive effects on mental health, sleep and quality of life (de Diego-Cordero et al., 2022). The ICN's code of ethics (2021, p. 7) stipulates that *'nurses promote an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected'*. While it is not possible for perioperative nurses to understand the nuances and impact of each religion on the perioperative patient journey, they can support differing patients' religious beliefs by knowing where and how to access information and appropriate resources, such as hospital chaplains. Patients' cultural backgrounds and religious beliefs should be documented at the start of the patient's perioperative journey during the admission processes (see Chapter 7). This information supports perioperative nurses to deliver holistic, patient-centred care throughout the rest of the journey.

PATIENT ADVOCACY

Advocacy in healthcare encompasses two key elements. Empathy with patients encompasses understanding, being sympathetic with, and feeling close to the patient. Protecting the patient includes care provision, prioritisation of patients' health, commitment to the completion of the care process and protection of patients' rights (Abbasinia et al., 2020). Acting as the patient's advocate has legal and ethical implications. Due to their work environment, perioperative nurses have the added responsibility to advocate for patients when they cannot or are unable to protect themselves, such as when they are sedated or unconscious (Abelsson et al., 2020). As patient advocate, the perioperative nurse works to ensure that the patient's physical and emotional needs are met and must be ready to intervene to protect the patient's safety. For example, this may include speaking up when potential exists for injury, or if correct standards of perioperative practice or local policies are not being followed.

Advocating for patients is not without its challenges (Shoemark & Foran, 2021). To be an effective advocate, the perioperative nurse must understand and anticipate individual patient needs. However, the professional relationship between the patient and the perioperative nurse is brief. Unlike colleagues in other units, the perioperative nurse has a short timeframe to assess, plan and implement individualised care. Assessment tools assist the perioperative nurse to efficiently gather relevant data including contact details for next of kin and languages spoken, as well as cultural and religious information. The perioperative nurse must spend sufficient time communicating with patients and conducting the necessary assessments then, in response, must spend sufficient time providing culturally safe and appropriate care. The perioperative nurse must also ensure that all of the patient's relevant information is brought to the attention of the multidisciplinary team during subsequent clinical handovers or reviews.

Protecting the patient is one of the key factors of patient advocacy. Nurses, as the patient advocate, are responsible for protecting the patient from harm by utilising professional and moral perspectives (Shoemark & Foran, 2021). This can be challenging, especially if speaking up on behalf of the patient brings the perioperative nurse into conflict with colleagues, some of whom may be friends or more experienced senior colleagues. Nurses may fear a perceived risk of public humiliation, retaliation or marginalisation (Umoren et al., 2022). However, failure to speak up may compound the harm to the patient. It is also in conflict with codes of conduct and ethics (ICN, 2021; NCNZ, 2012a; NMBA, 2022a) and may place the perioperative nurse at risk of legal proceedings and professional scrutiny. If faced with this type of situation, the nurse must take the initiative and speak up on behalf of the patient, which is not only a vital part of patient safety, but also an important contribution to effective communication and the mitigation of potential errors within the team (Umoren et al., 2022). The perioperative nurse may also seek advice from more senior colleagues to confirm the appropriate course of action, which may include escalation to the unit manager. See Chapter 3 for further information on the legal and ethical implications of advocacy.

PERIOPERATIVE NURSING ROLES

Perioperative nursing is a highly skilled specialty, incorporating a number of subspecialties. Within each environment, there are clearly defined **perioperative nursing roles** providing patient care within a large multidisciplinary team whose combined goal is patient safety (Table 1.1). Perioperative patient care focuses on the core elements of the patient journey, including partnering with the patient for shared decision making,

TABLE 1.1
Where Perioperative Nurses Work Across the Perioperative Continuum

Role	Preoperative	Intraoperative	Postoperative
Pre-admissions nurse	✓		
Enhanced recovery after surgery nurse (ERAS)	✓		✓
Day stay nurse (depending on workplace requirements)	✓	✓	✓
Nurse assistant to the anaesthetist	✓	✓	✓
Circulating/scout nurse	✓	✓	
Instrument/scrub nurse		✓	
Registered nurse first surgical assistant (RNSFA)	✓	✓	✓
Medical imaging nurse	✓	✓	✓
Postanaesthesia care unit (PACU) nurse			✓
Surgical ward nurse	✓		✓
Perioperative nurse practitioner	✓	✓	✓

(Source: New Zealand Nurses Organisation. (2016). *New Zealand perioperative nursing knowledge and skills framework*).

preprocedure preparation to support management of the patient's perioperative risks, and a multidisciplinary team approach to ensure the patient's individual perioperative pathway is followed (Agency for Clinical Innovation [ACI], 2024). This requires perioperative nurses to be educated in nursing theory and the health sciences, and to have highly developed non-technical skills in interpersonal communication, teamwork, situational awareness and coping with stress (ACORN, 2024c, 2024g; Kalantari et al., 2023). The perioperative nurse's knowledge of the relevant professional standards and current sources of evidence informing perioperative practice is also essential for all nursing roles. This body of knowledge encompasses national nursing codes and standards, and national quality and safety standards as well as current guidelines and position statements issued by professional bodies and colleges. Perioperative nurses may function as clinicians in principally hands-on roles, or as managers and consultants, educators or researchers, while some nurses skilfully combine these functions (ACORN, 2024k). The scope of perioperative nursing practice reflects the numerous discrete clinical settings along the patient's entire perioperative journey. Roles include pre-admission nurse, anaesthesia nurse, circulating nurse, instrument nurse, PACU nurse and the advanced practice roles of perioperative NP, surgical assistant and nurse endoscopist (ACORN 2024d, 2024f, 2024g, 2024h, 2024i, 2024k).

PATIENT SCENARIOS

SCENARIO 1.1: CULTURAL SAFETY

EN Marcus Macedo is receiving patients into the department. His patient is Mrs Patricia Peterson, a 42-year-old Indigenous woman, who lives at home in a remote community with her husband and two teenage children. She has just been transferred into the holding bay from the emergency department. Refer to the Introduction at front of the book to read Mrs Peterson's complete history.

At clinical handover, EN Macedo learns that Mrs Peterson is unhappy about being admitted into the hospital overnight. She is most anxious about being away from her family.

Critical Thinking Question

- Based on Mrs Peterson's history and your reading so far, identify at least three aspects of cultural safety that EN Macedo will need to consider when caring for Mrs Peterson and her family.

SCENARIO 1.2: PATIENT ADVOCACY

Since her arrival in the holding bay, Mrs Peterson's pain has started to ease. She is not convinced that she needs the surgery now and she asks EN Macedo if it is too late to change her mind.

Critical Thinking Question

- Thinking about the nurse's role as patient advocate, list the actions EN Macedo can take to address Mrs Peterson's concerns about the need for surgery. Provide rationales for these actions.

SCENARIO 1.3: DELEGATION IN THE OR

RN Sandy Pereira has delegated the intraoperative care of Mrs Patricia Peterson to EN Pauline Noakes, the instrument nurse. During the procedure, EN Macedo, the anaesthesia nurse, returns to the theatre to relieve RN Pereira for her meal break.

Critical Thinking Questions

- What aspects of delegation must RN Pereira take into account as the delegator?
- What aspects of delegation must EN Noakes take into account as the recipient of this delegation?
- Include rationales for your answers. You may benefit from reviewing the DMF (NMBA, 2023a) and your relevant professional nursing standards when considering your response.

Pre-admission and Day Surgery Procedure Service Nurse

The perioperative environment is intensive and requires the efficient flow of information between phases, locations and providers. Effective patient assessment and preparation for surgery requires the coordinated and combined efforts of the preoperative team. It is associated with reduced patient anxiety and postoperative complications, and an improved patient satisfaction with the surgical experience (Burston & Rolf, 2020).

Perioperative nurses can develop the combination of knowledge and skills required to conduct effective patient assessments and to provide patient education during the preoperative period (ACORN, 2024g). While this nursing role may have different titles and settings, such nurses work in collaboration with the anaesthesia and surgical teams to optimise patients' health in preparation for the surgical episode. This includes communicating with patients about the required preoperative tests, providing patient education and resources about the planned procedure or surgery, as well as completing assessments and planning for patients' discharge arrangements and follow-up (ACORN, 2024g; NZNO, 2016). Box 1.4 summarises the responsibilities associated with the role. See Chapter 7 for further information about preoperative patient assessment and preparation for surgery.

Anaesthesia Nurse

The anaesthesia nurse is integral to the care of the perioperative patient and cares for the patient in the immediate time period prior to, during and after surgery. Specifically, the anaesthesia nurse provides nursing care to the patient and procedural support to the anaesthesia team during the preparation for and induction of anaesthesia, throughout maintenance of anaesthesia and during emergence from anaesthesia (ACORN, 2024h). The presence of an appropriately educated assistant to the anaesthetist – with the requisite knowledge, skills and competence – is integral for the safe and efficient administration of anaesthesia (ANZCA, 2016a, 2016b). Both ACORN (2024b) and the Perioperative Nurses College within the NZNO support the RN undertaking the anaesthesia

BOX 1.4
Role Responsibilities of the Preoperative Patient Assessment and Education Nurse

- Inform and educate patients about the perioperative journey for the planned procedure or surgery
- Provide supportive educational material about patients' preoperative preparation and postoperative care
- Communicate with patients about preoperative tests and postoperative expectations
- Conduct patient assessments, including baseline vital signs and risk assessments such as pressure injury risk, fall risks, etc.
- Discuss and assess patients' postoperative needs and plan for patients' discharge
- Ensure that documentation of admission demographics such as patient identification, allergies and next of kin is accurate and all fields are complete for paper and electronic health records
- Facilitate coordination and communication between other healthcare providers

nurse role (NZNO, 2014a). ACORN (2024c) also supports the EN in this role, with the appropriate supervision requirements as set out by the NMBA. The predominant professional group providing assistance to the anaesthetist in New Zealand are anaesthetic technicians, who are diploma trained and regulated (Medical Sciences Council of New Zealand [MSCNZ], 2024). Whichever healthcare worker is allocated to assist the anaesthetist, each must work within their own defined scope of practice under appropriate supervision as determined by the relevant regulatory board authority (ACORN, 2024b; ANZCA, 2016b; MSCNZ, 2018; NZNO, 2014a). Box 1.5 outlines the role responsibilities of the anaesthesia nurse.

BOX 1.5
Clinical Activities of the Anaesthesia Nurse

- Participate in preoperative briefings
- Prepare and check the anaesthetic delivery environment
- Prepare and check equipment and consumables such as airways and emergency equipment
- Receive the patient; communicating sensitively and effectively to establish rapport and trust, and to decrease anxiety
- Undertake an initial assessment and/or preoperative checklist
- Undertake a nursing assessment and initiates management to prevent injury or adverse event (such as pressure injury, hypothermia, anaphylaxis)
- Take responsibility for identification checking, and actively participate in the surgical safety checklist
- Communicating and documenting relevant patient information
- Assist the anaesthetist to manage the airway during induction, intraoperatively and postoperatively
- Assist the anaesthetist with the insertion of local and regional anaesthesia nerve blockades
- Applies patient monitoring and ensures patient safety
- Collaboratively monitors for complications and patient deterioration
- Participates with patient transfer and handover
- Stocking of equipment and medications as required

Anaesthesia nurses require advanced knowledge and skills in communication, situational awareness, leadership, critical thinking and patient advocacy. An extensive knowledge of anatomy and physiology is required, pharmacology, disease states and also crisis management.

(Source: Australian College of Perioperative Nurses (ACORN). (2024h). Anaesthesia nurse. In *The new ACORN standards: Volume 4 – 2023 professional practice standards for perioperative nurses (PPSPNs) for organisations*. Adelaide, South Australia: ACORN.)

Circulating Nurse

The circulating nurse (also known as the scout nurse in Australia) is critical to the patient's surgical outcome and the patient and family's experience. The circulating nurse's role is complex, encompassing management of nursing care of the patient within the OR and coordination of the needs of the surgical team and other care providers necessary for the completion of surgery.

With the prime aims of identifying risk and maximising safety, the circulating nurse serves as patient advocate while patients are least able to care for themselves. During the procedure, the circulating nurse needs to be mobile and remains outside of the aseptic field. This ensures the circulating nurse is always well positioned to observe the surgery and the surgical team from a broad perspective and to assist the team in not only creating and maintaining a safe environment for the patient, but also ensuring the scrubbed surgical team have all the equipment and supplies needed to perform the surgery or procedure in a timely and efficient manner. Situational awareness, critical thinking and anticipation of the scrubbed team's needs are important skills (ACORN, 2024f). Box 1.6 outlines the responsibilities associated with the circulating nurse role.

Instrument Nurse

The instrument nurse (also known as the scrub nurse) works directly with the surgeon/proceduralist within the aseptic field, preparing, maintaining and managing the instruments and other items needed during the procedure.

The circulating nurse and the instrument nurse have a dual role in checking to ensure that all appropriate sterile instrumentation and surgical supplies are available and functional before the scheduled theatre list commences (ACORN, 2024d, 2024i; NZNO, 2016). They share a large medico-legal responsibility – the surgical count of all items before, during and at the conclusion of the surgery, ensuring nothing is unintentionally left inside the patient (ACORN, 2024e). During surgery, the instrument nurse's role should be distinct from, and not overlap with, the role of the first surgical assistant – that is, the person assisting the surgeon. While there may be times when these roles overlap to ensure patient safety (e.g. managing patient haemorrhage, difficult access to the operative site), this should not occur routinely. The instrument nurse role, together with the circulating nurse and anaesthesia nurse, form the core of the nursing team during the intraoperative phase of the patient's perioperative journey. Together, they oversee multiple aspects of patient safety and care during the surgery or procedure. Box 1.7 outlines the responsibilities associated with the instrument nurse role.

BOX 1.6
Clinical Activities of the Circulating Nurse

- Participate in preoperative briefing
- Plan and assemble supplies and equipment needed for the surgery or procedure; communicate with surgeons/proceduralist and sterilising services team as required
- Support the instrument nurse to prepare the critical aseptic field and provide necessary supplies prior, during and at the completion of the procedure
- Undertake the surgical count, maintaining accuracy and accountability
- Monitor and assess the patient, ensuring safe positioning, dignity and normothermia
- Act as the patient advocate in assessing the critical aseptic field and using surgical conscience
- Communicate clinical information with the anaesthesia team as needed
- Take responsibility for specimen management and nursing documentation (such as prosthesis insertion, warming techniques, etc.)
- Participate in patient transfer, and handover at the completion of the surgery or procedure
- Assist with postoperative cleaning and safe removal, disposal or replacement of equipment used

Circulating nurses require advanced knowledge and skills in communication, situational awareness, teamwork and critical thinking. They need to pre-empt the needs of the scrubbed personnel, and work with the team to ensure medico-legal, legislative and policy requirements are met. They have technical knowledge of surgical instrumentation and supplies, and respond to intraoperative patient deterioration.

(Source: Australian College of Perioperative Nurses Ltd (ACORN). (2024f). Circulating nurse. In *The new ACORN sandards: Volume 4 – 2023 professional practice standards for perioperative nurses (PPSPNs) for organisations*. Adelaide, South Australia: ACORN.)

BOX 1.7
Clinical Activities of the Instrument Nurse

- Participate in preoperative briefing
- Plan and assemble supplies and equipment needed for the surgery or procedure; communicate with surgeons/ proceduralists and central sterilising team as required
- Use surgical aseptic technique including surgical hand antisepsis or surgical hand rub; gowning and gloving
- Prepare, maintain and monitor the critical aseptic field
- Share responsibility with the circulating nurse for the surgical count. Maintain an accurate count to prevent retained surgical items
- Act as the patient advocate in monitoring and assessing the critical aseptic field and using surgical conscience
- Communicate clinical information with the anaesthesia and surgical/proceduralist team as necessary
- Utilise and care for surgical instrumentation, ensuring the surgeon/proceduralist has necessary items in a proactive and timely manner; confine and contain contaminated items; reduce bioburden by keeping instrument trolley and supplies clean

Instrument nurses require advanced knowledge and both technical and non-technical skills. They use leadership and communication skills to anticipate the needs of the surgeons/proceduralists to ensure smooth surgery/ procedure, and also a smooth surgical/procedural list. Instrument nurses are strong advocates for the patient and work proactively to reduce specific risks to the patient, such as from electrosurgical use, laser and fire. They maintain concentration on the surgical field, and respond rapidly to changes in the status of the patient, such as bleeding.

(Source: Australian College of Perioperative Nurses Ltd (ACORN). (2024d). Instrument nurse. In *The new ACORN sandards: Volume 4 – 2023 professional practice standards for perioperative nurses (PPSPNs) for organisations*. Adelaide, South Australia: ACORN.)

The next phase of the patient's perioperative journey begins when a member of the anaesthesia team delivers the patient to the postanaesthesia care unit (PACU). The instrument nurse or circulating nurse conducts a surgical clinical handover with the PACU nurse, too, sharing important intraoperative considerations (for example, if a drain tube has been purposefully shortened, if there is packing gauze in situ, or the amount of local anaesthesia used).

Postanaesthesia Care Unit Nurse

The PACU nurse (also known as the recovery room nurse) is an important member of the perioperative team, providing patient care immediately following a surgical or other procedure, which usually also includes recovery from anaesthesia (ACORN, 2024i; NZNO, 2016). The role of the PACU nurse is to ensure patient safety following clinical handover and transfer of care from the nursing and medical teams in the OR to the PACU. Vigilance is crucial in achieving this intended outcome, as the transfer of care after surgery to the PACU presents special challenges to providers on both the delivering and receiving teams. In some healthcare services, the PACU and anaesthesia nurse roles are interchangeable, with nurses working across both subspecialties. Enrolled nurses may be included in the PACU nursing team (ACORN, 2024c), working under the supervision of the experienced PACU RN to provide safe patient care (ACORN, 2024i). Box 1.8 outlines the responsibilities associated with the PACU nurse role.

BOX 1.8
Clinical Activities of the PACU Nurse

- Prepare the postanaesthesia environment, equipment and supplies, including emergency equipment
- Receive and identify the patient postoperatively, and receive an ISBAR handover
- Perform an initial and ongoing patient assessment, identifying, escalating and managing issues as they arise (such as pain, delirium or deterioration)
- Complete thorough and accurate documentation, including the psychosocial care and comfort measures provided to the patient
- Prepare the patient for the next stage of the surgical journey (such as ensuring analgesia is documented, etc.); provide an ISBAR handover to the next nursing care provider

PACU nurses require advanced assessment and critical thinking skills. They are required to build a rapid rapport with the patient; communication and leadership skills are needed to provide patient-centred, safe care. PACU nurses work 1:1 with unconscious patients, and are often required to utilise airway management skills. They need to be confident in identification and management of immediate postanaesthesia deterioration states such as laryngospasm.

(Source: Australian College of Perioperative Nurses Ltd (ACORN). (2024i). Post anaesthesia care unit nurse. In *The new ACORN standards: Volume 4 – 2023 professional practice standards for perioperative nurses (PPSPNs) for organisations*. Adelaide, South Australia: ACORN.)

Evolving and Advanced Roles for Perioperative Registered Nurses

A range of roles within the nursing profession purport to be **advanced practice** roles. Currently in Australia and New Zealand, the only advanced practice role formally recognised by the national regulatory authority is the nurse practitioner (NCNZ, 2017a; NMBA, 2021b), which is a protected title in Australia under the National Law (NMBA, 2019a). The NMBA (2020, p. 1) defines the concept of advanced nursing practice (ANP) as:

> *Nurses practising at an advanced practice level incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements. Advanced practice in nursing is demonstrated by a level of practice and is not by a job title or level of remuneration.*

Changes in healthcare delivery have precipitated the recognition of advanced and extended practice roles for RNs generally, and also specifically for RNs working in the perioperative setting (ACORN, 2020e, 2024b). Perioperative RNs practising at advanced levels in this specialist context currently include surgical assistants and nurse endoscopists. ACORN supports RNs working in roles at these levels of advanced practice. Furthermore, ACORN recognises the regulatory requirements and educational pathway for the NP role and actively promotes the transition of such nurses towards perioperative NP roles (ACORN, 2024j, 2024k). These roles are described in the following sections.

Perioperative nurse practitioner

The NP in Australia is an advanced practice role with a protected title, regulated by legislation and professional standards (ACORN, 2024k; NMBA, 2019a). These requirements include a Master's level qualification, then a minimum of 5000 hours advanced nursing practice experience in a clinical role before applying for endorsement (Australian College of Nurse Practitioners [ACNP], 2024). Ongoing continuing professional development is also required (NMBA, 2016d). The perioperative NP has acquired the expert knowledge base, complex decision-making skills and clinical competencies to provide direct patient care throughout all phases of a patient's perioperative period (ACORN, 2024k). Legislation also provides the NP with rights for ordering diagnostic tests, prescribing medications and making referrals to other members of the multidisciplinary team (NMBA, 2016d).

NPs practising at an advanced level in a specific area of practice were first introduced in New Zealand in 2000. In 2017, the NCNZ made changes to NP education programs. The endorsed scope of practice was broadened and the requirement to restrict New Zealand NPs to a specific area of practice was removed (NCNZ, 2020). Box 1.9 outlines the responsibilities which are associated with the perioperative NP role.

Surgical assistant nursing roles

Surgical assistant nursing roles are known as the perioperative nurse surgeon's assistant (PNSA) in Australia and the registered nurse first surgical assistant (RNFSA) in New Zealand (NZNO, 2015). Both ACORN and the Australian Association of Nurse Surgical Assistants (AANSA) stipulate that the PNSA is an advanced nursing practice role for the RN, with a minimum of three years perioperative nursing experience, postgraduate perioperative qualifications and requisite hours of practical supervision (AANSA, 2018; ACORN, 2020e). In New Zealand the role is also recognised as expanded

BOX 1.9
Role Responsibilities of the Nurse Practitioner

- Conduct comprehensive health assessments and make decisions using diagnostic capability
- Order and interpret diagnostic and laboratory tests
- Plan care in partnership with patients and families; supporting, counselling, coaching and educating
- Collaborate with the patient, surgeon and other healthcare team members to develop and implement therapeutic surgical interventions
- Prescribe pharmacological and non-pharmacological interventions
- Refer to other healthcare professionals for management of issues which fall outside the perioperative NP scope of practice
- Evaluate postoperative patient outcomes including pain management, wound management and education needs

(Source: Australian College of Perioperative Nurses Ltd (ACORN). (2024k). Nurse practitioner. In *The new ACORN standards: Volume 4 – 2023 professional practice standards for perioperative nurses (PPSPNs) for organisations*. Adelaide, South Australia: ACORN.)

nursing practice with specialised knowledge and skills required, and therefore should meet expanded practice guidelines as outlined by the NZNO (2015). As such, these roles do not function at the same level as NPs. The specific scope of clinical practice for these roles should be determined by the local facility and this may include local credentialling criteria (ACORN, 2020e). Despite these stipulations, a small Australian survey of perioperative nurses found that perioperative RNs and ENs without the requisite training or qualifications were required on an ad hoc basis to assist during surgery or to assist while also acting as the instrument nurse (Hains et al., 2017). Ultimately, these PNSA roles remain constrained by the lack of recognition by national regulatory authorities (Hains et al., 2018). Box 1.10 outlines the responsibilities associated with these RN roles.

Nurse endoscopist

Perioperative RNs working in the nurse endoscopist (NE) role undertake advanced patient assessment, interpret diagnostic interventions and pathology, perform endoscopy and establish differential diagnoses and management plans. They prescribe appropriate medication and direct referrals to other multidisciplinary teams (Gastroenterological Nurses College of Australia [GENCA], 2023; NCNZ, 2011b). Feature box 1.2 provides an overview of the development of the nurse endoscopist role and summarises the differing positions about the educational preparation and regulation of the role.

BOX 1.10
Role Responsibilities of Surgical Assistant Nurses (e.g. PNSA/NMSA)

- Conduct relevant health assessment of the perioperative patient throughout the perioperative journey
- Assist with skin preparation and surgical draping
- Assist with haemostasis, cutting sutures/ligatures, retracting organs and suturing
- Provide postoperative care in wound management
- Provide education programs for patients and staff

(Sources: Australian College of Perioperative Nurses Ltd (ACORN). (2024k). Nurse practitioner. In *The new ACORN standards: Volume 4 – 2023 professional practice standards for perioperative nurses (PPSPNs) for organisations*. Adelaide, South Australia: ACORN.)

FEATURE BOX 1.2
Development and Regulation of the Nurse Endoscopist Role

The nurse endoscopist (NE) is a long-established advanced practice nursing role in the UK, US and Europe. The role was established more recently in Australia, and was driven by the need to meet the surveillance requirements of the national Bowel Cancer Screening Program and also an ageing population (GENCA, 2023).

Although national nursing organisations in Australia and New Zealand generally welcome the NE role, there is ongoing debate about regulation of the role. Whether the NE role should meet the nationally legislated requirements and protected title of the NP or remain as an advanced practice nursing role, it is accepted that the first step for perioperative RNs who wish to undertake this role is to complete an appropriate training program and then to demonstrate a capacity to practise at a higher level than RNs across a range of domains, including clinical care, research and leadership (Duffield et al., 2017).

GENCA (2023) maintains that RNs, educated and trained in the techniques of flexible endoscopy, may assume the responsibility of performing flexible endoscopy in an acute hospital setting within a collaborative multidisciplinary team environment. The education provided, however, must be of a level and depth required to support clinical care during the procedure, as well as general patient management, and endoscopic skills training should be equivalent to that of gastroenterology medical trainees. In Victoria, training for the role of advanced practice NE has been provided through the Victorian Nurse Endoscopy Program at a number of facilities (Department of Health, Victoria, 2024). The role of the NE in New Zealand has met with some challenges, such as lack of work-based support (where NE trainees are in competition with medical trainees for placement) and lack of funding (O'Connor, 2017).

Nurse sedationist and nurse anaesthetist

The role of the nurse in anaesthesia has a wide-ranging scope of practice around the world. Certified registered nurse anaesthetist is a common role in the United States. Globally, advanced practice anaesthesia nurses are able to provide anaesthesia either independently or under direct or indirect supervision of medical anaesthesia providers (Michaels & Foran, 2022). As highlighted in this chapter, assistant to the anaesthetist (be it technician or nurse) is the common role in Australia and New Zealand (ANZCA, 2016b).

A trial in South Australia found positive patient satisfaction from the nurse sedation service and reported no adverse events (Jones et al., 2011), while key stakeholders perceived the role as needed, valued and making an impact on patient outcomes. The nurse sedationist works under the supervision of a medical officer to provide procedural sedation for minor procedures or investigations, and requires additional training in the administration of intravenous sedation and monitoring of the patient's response to sedation (ACI, 2024). There is evidence to suggest that procedural sedation administered by non-anaesthetists, including nurse sedationists, produces low rates of adverse events (Gouda et al., 2017; Gururatsakal et al., 2021). Despite this, the role has met with concern from professional colleges such as ANZCA, which recommends a national standard be developed if this model is to be pursued in Australia and/or New Zealand (ANZCA, 2023). In New South Wales (NSW), the ACI initiated a statewide, multidisciplinary project on safe procedural sedation (ACI, 2024). The project produced a set of minimum standards for care provided pre-, intra- and postprocedure to support non-anaesthetists who provide procedural sedation in NSW facilities (ACI, 2024).

Cosmetic nurse

Cosmetic nursing is a rapidly evolving practice area in Australia and New Zealand, with ENs, RNs and NPs practising as cosmetic nurses (also known as aesthetic nurses). The scope of practice for cosmetic nurses varies on the basis of registration type as well as between facilities and private practices, influencing the context of nursing care (NMBA, 2021a). For example, the NMBA (2023c) updated its *Position statement on nurses and cosmetic medical procedures*, which clarified, in part, that the foundational education of ENs does not adequately prepare them for cosmetic medical procedures including cosmetic injections and provided guidance about the steps ENs must take to prepare themselves for practice in this context.

In terms of context, cosmetic nurses might be practising in collaboration with medical colleagues such as dermatologists in private or public healthcare settings, or with cosmetic physicians or surgeons, or plastic surgeons. They might also work in nurse-led clinics or independently in private practice (Australasian College of Cosmetic Surgery and Medicine [ACCSM], 2015). The scope of practice for cosmetic nurses may include cosmetic injections, chemical peels, intense pulsed laser therapy, removal of tattoos and unwanted hair, minor surgery (such as mole removal) or sclerotherapy (NMBA, 2023c).

The regulation of the cosmetic industry, however, has been problematic. For example, a parliamentary inquiry into complaints about providers of cosmetic health services in NSW reported instances where unregistered and untrained staff were providing treatments, and instances of improper use of protected titles and nurses working beyond their scope of practice (NSW Parliament, 2018). To practise safely in such diverse settings and remain within their individual scope of practice, cosmetic nurses must follow all relevant policies, standards and guidelines that apply, including infection prevention and control and the quality use of medicines, and must also be competent in emergency procedures (ACCSM, 2015; NMBA, 2023c). Feature box 1.3 provides more information about the regulation and educational preparation of cosmetic nurses.

INFORMAL AND CONTINUING PROFESSIONAL DEVELOPMENT

All RNs and ENs commit to developing their professional and personal qualities throughout their career (NMBA, 2022b). This commitment is even more important in specialty areas such as perioperative nursing, where patient safety depends on nurses' knowledge of technology, health policy and nursing practice. As part of the national registration process for all health professionals, nurses must meet a number of requirements to maintain their annual authority to practise (NMBA, 2022a). This includes the need to demonstrate recency of practice and meet a prescribed level of **continuing professional development** (CPD). In Australia, under the National Law, nurses are required to participate in a minimum of 20 hours CPD each year. Set by the NCNZ under the Health Practitioners Competence Assurance Act 2003, nurses in New Zealand are required to complete 60 hours of professional development over 3 years (NCNZ, 2024f). Nurses are responsible for planning and recording their CPD activities, which may include:

- formal education programs or certified courses
- workplace learning, including mandatory education activities

FEATURE BOX 1.3
Regulation Affecting Healthcare Workers Providing Cosmetic Services

In 2017, a 35-year-old manager and part owner of an inner city beauty clinic, died days after receiving an illegal breast filler procedure in her own clinic (McPhee, 2024). The procedure was conducted by a person who was not registered as a medical practitioner in Australia. Surgical assistance was provided by a person who was not registered as a nurse in Australia. During the procedure a quantity of lignocaine in excess of the maximum safe dose was administered, which eventually led to the woman's death (McPhee, 2024). Significant patient incidents such as these have prompted calls from the professions and the public for wider scrutiny and regulation of cosmetic doctors and nurses (also known as aesthetic nurses) working in these settings (ACN, 2020; NMC, 2018). In 2023, the NMBA reissued its *Position statement on nurses and cosmetic medical procedures,* which states that registered nurses planning to work in the cosmetic context must ensure they have the required education, skills and experience to practise safely, while enrolled nurses are required to meet specified experience and education requirements before practising in this context (NMBA, 2023c). All nurses are also required to comply with relevant state and territory drugs and poisons legislation regarding using, obtaining, selling, storing, prescribing, administering and supplying scheduled medicines; preparation of blood products such as platelet rich plasma (PRP); infection control; laser safety and organisational protocols or guidelines.

Neither the NMBA nor the NCNZ mandates the process or the tool for recording CPD activities, but each stipulates that nurses should describe how the activity has contributed to their professional development (NCNZ, 2024e; NMBA, 2022b). Other professional organisations and nursing colleges provide members with resources for documenting CPD. For example, the NCNZ provides a downloadable template for recording evidence of CPD activities (NCNZ, 2024e). Professional portfolios can also be used to record CPD activities and will, more importantly, provide an effective mechanism for the nurse to reflect on practice. ACORN (2024b, 2024c 2024g, 2024k) standards identify the essential values that underpin CPD for perioperative nurses (see Box 1.11).

- online learning and courses
- self-directed activities such as journal reading, which should be relevant to the nurse's area of practice and matched to individual learning goals. In New Zealand, journal clubs must take place within a formal framework (NCNZ, 2024f).

BOX 1.11
ACORN's Essential Values for Perioperative Nurses' Education and Professional Development

- There shall be an emphasis on continuous learning, through active participation in education activities within the perioperative environment
- Nurses are accountable for providing quality care through safe, ethical and effective clinical and professional practice
- Education and professional development assists nurses to maintain their competence for practice and supports safe, quality perioperative care that protects the health and well-being of every patient and nurse
- Departmental professional development is facilitated by nurses acting as preceptors and mentors for less experienced colleagues, and engagement with peer-to-peer feedback
- Nurses shall become self-directed learners to ensure personal and professional growth through critical reflection to identify learning needs and actively participate in internal and external education to meet those learning needs
- Perioperative nurses should undertake annual appraisals to assist in identifying learning needs, professional goals, achievements of key knowledge and skills, and accomplishment of education activities and/or mandatory competencies

(Source: Australian College of Perioperative Nurses Ltd (ACORN). (2024b). Registered nurse. In *The new ACORN standards: Vol. 4 2023 professional practice standards for perioperative nurses (PPSPN) for organisations*. Adelaide, South Australia: ACORN.).

FORMAL EDUCATION

While nurses may gain entry to the perioperative workforce without specialist qualifications, formal education provides the theoretical basis for the specialist clinician and enables the delivery of safe patient care (ACORN, 2020f). Professional associations may advocate for postgraduate studies and some will provide incentives for their members to acquire specialist qualifications. For example, ACORN provides education and research grants for its members, and encourages graduates to consider research activities as a means of advancing perioperative nursing practice.

RNs seeking to enhance their perioperative knowledge and clinical skills can choose from a number of postgraduate degrees, including graduate certificates and diplomas up to Master's and Doctoral level. While courses for advanced practice roles and NP roles begin at Master's level, there are many postgraduate certificates in Australia providing specialisation in the circulating and instrument nurse roles, anaesthesia, postanaesthesia care, pain

management and critical care nursing. Other areas, such as health management, safety and quality, infection prevention or education, may also be relevant to the perioperative clinician or the aspiring nurse academic.

There are many providers of tertiary qualifications in Australia, including universities in every state as well as the Australian College of Nursing, which offers fully online postgraduate certificate programs (ACN, 2024c). Latrobe University (2024) offers an Advanced Clinical Nursing in Perioperative Nurse Surgical Assistant as part of the Master of Nursing program, the first postgraduate program of its kind in Australia. Monash University (2024) also provides a Master of Nurse Practitioner course. Postgraduate nursing programs are provided by a range of universities in New Zealand, as well as polytechnics and institutes of technology, including one institution providing a certificate in RNFSA with the potential to progress into the nursing Diploma and Master's program. The NCNZ accredits and monitors postgraduate courses, including those that contribute to a program of study towards registration as an NP (NCNZ, 2020).

For ENs, the entry-level qualification is the Diploma of Nursing, having evolved from Certificate and then Certificate IV on the Australian Qualification Framework (AQF). The next level on the AQF is the Advanced Diploma of Nursing, which enables the EN to specialise in perioperative nursing practice (Australian Government, 2024). ENs in New Zealand must pass assessments and exams and complete an 18-month program at Level 5 as accredited by the NCNZ (2017b). ENs may also choose to complete an RN (Bachelor level) conversion program to access a more diverse education pathway leading to postgraduate qualifications.

Nursing Specialisation

For undergraduate nurses in Australia and New Zealand, entry to the perioperative environment may be possible as a specialist clinical placement lasting several days or weeks, or as a single visit to complement a ward-based clinical placement. Such placements can enhance the student's understanding of the patient's surgical experience (ACORN, 2020c). While specialist clinical placements are desirable for all nursing students, even a short visit accompanying the surgical patient on their perioperative journey can have many benefits for the nursing student. These include the opportunity for direct observation of the specialist activities provided by each of the nursing care roles as they interact with the patient and also with each other during clinical handover. The student nurse will also be able to observe the ways in which members of the multidisciplinary team care for the perioperative patient and can enquire about anaesthesia and surgical techniques, communication and teamwork.

The educational benefits of a guided clinical placement may also extend nursing students' knowledge beyond the walls of the perioperative environment and prepare them for professional practice in terms of decreasing the theory-to-practice gap, teamwork and interprofessional collaboration, and allow for practice of clinical psychomotor skills (see Research Box 1.1; Saxton & Nauser, 2020). Preregistration placement can influence the student's future career choice in perioperative nursing (ACORN, 2020c; Saxton & Nauser, 2020). A scoping review (Nyoni et al., 2021) cited several benefits of providing undergraduate student clinical placements. The report suggested that a quality clinical placement has positive outcomes including:

- students feeling they belonged to a team and had helpful or positive relationships
- promotion of a professional image and the development of self-efficacy

RESEARCH BOX 1.1
The Impact of a Guided Operating Room Experience on Undergraduate Nursing Students' Surgical Nursing Care

Only a small proportion of undergraduate nurses have the opportunity to undertake a clinical placement in the perioperative environment. An Australian perioperative nurse researcher set out to explore the impact of a guided operating room experience for undergraduate nursing students in surgical wards. The research was designed to identify the different models of perioperative education offered to Australian undergraduate nursing students and to explore which of these models yielded the best educational outcomes.

A total of 332 undergraduate nurses were tested on their knowledge of pre- and postoperative nursing. Test scores were statistically higher in undergraduate nurses who had completed a guided experience in the operating room compared with ward experience alone. These findings support the merits of a guided operating room experience, and the researcher recommended that a guided operating room experience should be included in the undergraduate core curricula for all nursing students.

This research demonstrated the value of a guided operating room experience for undergraduate nurses not only in working effectively outside the perioperative environment but also in the preparation of undergraduate nurses for surgical ward nursing.

(Source: Foran, P. (2016). Undergraduate surgical nursing preparation and guided operating room experience: a quantitative analysis. *Nurse Education in Practice, 16*(1), 217–224.)

TABLE 1.2
Sample Orientation Program (based upon ACORN Perioperative Orientation)

Weeks	Modules	Overview of Content
Introductory – general	Orientation to the environment. Administration: Policies and procedures.	Includes but is not limited to signing of contract, privacy and confidentiality requirements; mandatory education requirements; rostering and pay process. Introduction to colleagues; tour of environment, Basic Life Support education and assessment; manual handling training, etc. Introduction to the policies such as count competency, surgical safety checklist, etc.
Introduction to anaesthesia nurse role	Introduction to patient assessment and preparation; the technical and non-technical aspects of the role; medico-legal requirements.	Includes but is not limited to checking the anaesthesia machine; airway management education; clinical emergency management such as malignant hyperthermia, massive transfusion, anaphylaxis.
Introduction to instrument and circulating nurse roles	Introduction to asepsis, instrument management and handling; medico-legal requirements.	Includes but is not limited to surgical hand antisepsis, gowning and gloving; operating room equipment (tourniquet, etc.); creation and maintenance of sterile field; instrument handling and care; cleaning of OR, surgical conscience, the surgical count.
Introduction to PACU nurse role	Introduction to the environment; monitoring, escalation processes and medico-legal requirements. Includes but is not limited to patient assessment and management; airway, breathing, cardiovascular; dressings and drains; pain; medication management and discharge policy. Common complications; psychosocial care of the postoperative patient.	
Introduction to the day surgery nurse role	Introduction to the patient journey; admission and discharge. Includes but is not limited to admission and discharge process; patient assessment; medication management and patient education.	

(Source: This sample orientation program has its basis in ACORN *Perioperative orientation guide*, retrieved from <https://www.acorn.org.au/client_images/2338922.pdf>.)

- transfer of knowledge from the classroom to the clinical environment
- influence on the career paths of students.

Educators and staff developing **orientation programs** should have regard for these elements as they apply equally for graduate nurses and other new staff entering the perioperative environment. Table 1.2 outlines potential content for an orientation program for new perioperative nurses. This content can be tailored depending on the supernumerary time allocated, the clinical demands of the department and the individual's goals and prior learning.

THE ROLE OF PROFESSIONAL ASSOCIATIONS

The primary purpose of **professional associations** is to support nurses to uphold the highest possible standards of integrity, clinical expertise, ethical conduct, and professionalism (ACN, 2024a; ACORN, 2024a). They are essential to advocate for the needs of nurses and their patients, and to uphold the public's trust in the profession. Further, they provide resources to assist nurses with personal and professional development (Cline et al., 2019).

Professional associations also play a vital role in policy development and advocacy. The importance of nurses participating in policy development at the local, national and international levels was highlighted during the World Health Organization's (WHO) designation of 2020 (extending into 2021) as the International Year of the Nurse and Midwife (Morin, 2021). While professional associations have a key role in developing standards for professional practice they also provide some or all of the following opportunities for their members:

- development of standards for use within their sphere of practice

- educational activities, such as conferences, public seminars and ongoing professional education
- scholarships for study and grants for research
- networking and mentoring opportunities
- credentialling, accreditation or recognition of the contribution of members to the specialty
- accreditation of independent provider education programs
- consultation with government on policy issues
- political lobbying on behalf of members and opportunities to contribute to policy making.

Professional Nursing Associations

The International Council of Nurses (ICN) is a federation of more than 130 national nurse associations, representing more than 16 million nurses worldwide. Founded in 1899, it is the world's first and widest-reaching international organisation for health professionals. The ICN is led by nurses and works to ensure that they are included in policy and decision making of high-level bodies such as the WHO (ICN, 2020b).

In Australia and New Zealand, more than 70 professional nursing organisations represent clinical, managerial, educational, research-based and industrial interests. In Australia, the Australian College of Nursing (ACN) is the key national professional nursing organisation which aims to advance nursing leadership (ACN, 2024a). The ACN advocates for nurses and has a strong focus on influencing health policy nationally. It is also an accredited education provider (ACN, 2024b) offering graduate Certificates for RNs and advanced Diplomas for ENs in perioperative nursing as well as other specialty areas (ACN, 2024c). The Australian Nursing and Midwifery Federation (ANMF) is both a trade union and a professional organisation for nurses as well as midwives and assistants in nursing (AINs) (ANMF, 2024). It uses this integrated role to promote the nursing and midwifery professions' contributions to the health and aged care systems in Australia.

In New Zealand, there is one coalition of nurses' organisations: the New Zealand Nurses Organisation (NZNO). It serves the professional and industrial needs of more than 46,000 nurses and health workers and embraces Te Tiriti O Waitangi, '*[seeking] to improve the health status of all peoples of Aotearoa/New Zealand through participation in health and social policy development*' (NZNO, 2014b, para. 3). The NZNO has a number of sections or colleges, comprising groups of members with a focus on a specific field or subspecialty of nursing (e.g. the Perioperative Nursing College – see Fig. 1.1). Both the ACN and the NZNO are members of the ICN.

Australian College of Perioperative Nurses (ACORN)

State- and territory-based perioperative nursing associations (PNAs) began to emerge in Australia during the 1950s and 1960s. The concept of a national body representing perioperative nurses was envisaged in 1975, when a group of nurses from around the country gathered in Melbourne (ACORN, 2024l). Two milestone decisions came from the initial meeting: to hold a national conference and to establish a national body with responsibility for developing and monitoring standards of practice. In 1977, both outcomes were achieved with the first national conference for Australian perioperative nurses and the founding of the (then) Australian Confederation of Operating Room Nurses. ACORN became the Australian College of Operating Room Nurses in 2000 and the Australian College of Perioperative Nurses in 2016.

ACORN's mission is to advocate for safe, quality perioperative care for every patient on every occasion (ACORN, 2024a). The college provides national leadership in perioperative nursing care through standard setting (in both professional and clinical practice), practice audit tools and advocacy, and by supporting nursing research through annual scholarships. ACORN also fosters continuing professional development through a range of educational activities (e.g. conferences, courses, online webinars, special interest groups, leadership summits and publication of a national journal). ACORN works closely with perioperative medical representative groups, such as the Royal Australasian College of Surgeons (RACS) and ANZCA, to provide collaborative position statements and clinical guidelines on perioperative practice. ACORN also represents the Australian perioperative nursing community on a range of external national and international standard-setting working groups/technical committees. Perioperative nurses become members of ACORN through membership of their individual state- and territory-based organisation. For example, in the state of Victoria, this is the Victorian Perioperative Nurses' Group (VPNG).

Australasian College of Perianaesthesia Nurses (ACPAN)

The Australasian College of Perianaesthesia Nurses (ACPAN) was founded in 1994 as the Victorian Society of Post Anaesthetic and Anaesthetic Nurses group (VSPAAN), to provide specific education for perianaesthesia nurses. In 2016, VSPAAN became a national college (ACPAN, 2024). ACPAN's focus is on the professional development of anaesthesia and postanaesthesia nurses through regular meetings, education,

scholarships, conferences and publications. ACPAN works closely with ACORN and ANZCA to promote best practice in perianaesthesia nursing through development of professional practice (ACPAN, 2024). ACPAN is an affiliated member of the International Collaboration of PeriAnaesthesia Nurses (ICPAN), which supports perianaesthesia nursing organisations and advocates for global networking groups and international perianaesthesia nursing collaborations (ICPAN, 2024).

Perioperative Nurses College of the New Zealand Nurses Organisation (PNC NZNO)

The Perioperative Nurses College (PNC) is the professional organisation of perioperative nurses in New Zealand and is legally affiliated with the NZNO. The mission of the PNC is to support safe and optimal care of patients undergoing operative and other invasive procedures and it achieves this by promoting high standards of nursing practice through education and research (NZNO, 2024). Specific functions of the PNC include:

- providing strategic direction and leadership for perioperative nursing
- developing professional standards for perioperative nursing
- providing leadership and perioperative nursing representation
- promoting New Zealand perioperative nursing nationally and internationally
- developing and coordinating education programs and resources
- providing a mechanism for communicating with members on perioperative trends and issues via a journal and newsletters and organisation of national and international conferences (NZNO, 2024).

The PNC has a core set of six standards as well as a number of guidance statements and service guidelines. Perioperative nurses use these documents in conjunction with the NZNO *Competencies for registered nurses* (NCNZ, 2024c, 2024d). Members of the PNC NZNO are also guided in their perioperative practice by the Association of periOperative Registered Nurses (AORN) *Guidelines for perioperative practice* (2024b), which the association makes available for its members.

Professional Nursing Associations – International

The AORN and the Association for Perioperative Practice (AfPP, 2024) are two of the oldest international PNAs. Both are well known in Australasia by individual membership or attendance at their conferences, as well as through their publication of journals, standards of practice and guidelines. A number of other international PNAs have emerged in the past four decades, including the European Operating Room Nurses Association (EORNA, established 1992), the Nordic Operating Room Nurses Association (NORNA, established 1993) and the Asian Perioperative Nurses Association (ASIORNA, established 2009). These PNAs have national organisations for their members, and function within largely geographical regions. Representing perioperative nursing interests at the global level is the International Federation of Perioperative Nurses (IFPN) (2024), also structured with a membership base of national organisations. In the Asia Pacific region, the Papua New Guinea Perioperative Nurses Society (PNGPNS) and the Pacific Islands Operating Room Nursing Association (PIORNA) are two new PNAs which have emerged in recent years. The following section describes a selection of these PNAs in more detail.

The International Federation of Perioperative Nurses (IFPN)

The International Federation of Perioperative Nurses (IFPN), launched in 1999, is the only international specialty organisation representing perioperative nurses at a global level, through its affiliation with the ICN. In this capacity, the IFPN is involved in international activities, strategic engagement and formation of policies on nursing issues, exercising influence in relation to perioperative nursing activity, with a number of affiliate specialty groups within the ICN and WHO agendas. The IFPN represents more than 450,000 perioperative nurses in 15 national organisations worldwide including the AfPP (UK), ACORN (Australia), AORN (US), CORN (China), EORNA (25 European countries), SPN (India), IPNA (Israel), GORNA (Greece), KAORN (South Korea), JONA (Japan), ORNAC (Canada), PIORNA (Pacific Islands), PNCNZ (New Zealand), PNGPNS (Papua New Guinea), SOBECC (Brazil) and TSORA (Turkey) (IFPN, 2024).

The IFPN's mission is to

> *support perioperative nurses working towards improving patient care globally; by promoting a safe surgical experience for patients, through evidence-based best researched practice standards and education, together with member organisations and other relevant collaborators* (IFPN, 2024).

The IFPN is particularly committed to improving standards of patient care in developing countries and its activities are focused on providing universally applicable guidelines for practice. There are IFPN 'ambassadors' for Africa, South America and the Asia Pacific to support perioperative nursing in these regions (Melville, 2019), and the IFPN provides open access via its website

to position statements and educational tools, including many from other global professional associations.

The Association of periOperative Registered Nurses (AORN)

The Association of periOperative Registered Nurses (AORN) is based in the US and was founded in 1949, making it one of the oldest PNAs globally (AORN, 2024a). AORN offers membership plus a wide range of educational and other services including online resources, a core curriculum for delivery by health facilities and a number of perioperative journals. It articulates nursing practices for surgical patients by researching and distributing evidence-based recommendations in a similar way to other PNAs. AORN's *Guidelines for perioperative practice* (AORN, 2024b) are used in many countries outside the US to inform perioperative practices and support local standards (NZNO, 2016). AORN is also politically active with a structured and planned approach to influencing health policy.

The Association for Perioperative Practice (AfPP)

The Association for Perioperative Practice (AfPP) is based in the United Kingdom. It was founded in 1964 as the National Association of Theatre Nurses (NATN). Its name was changed in 2005 to reflect the growing membership and inclusion of support worker roles and operating department practitioners (AfPP, 2024). The AfPP's *Standards and recommendations for safe perioperative practice* provide guidance for local policies governing staff within UK perioperative settings and associated sterilisation services. It also publishes a journal of perioperative practice and produces a number of educational resources.

The Papua New Guinea Perioperative Nurses Society (PNGPNS)

Established in 2004, the Papua New Guinea Perioperative Nurses Society (PNGPNS) has aimed to provide advice to the government on health department policy and functions as a perioperative education forum (Woodhead, 2006). The PNGPNS has grown steadily across many of the country's provinces with a membership base of 350 nurses, including those employed in operating rooms as well as surgical wards, intensive care units and emergency departments (Laim, 2019). The society holds an annual conference to bring colleagues together for discussion and sharing of new knowledge on care of the surgical patient.

The Pacific Islands Operating Room Nursing Association (PIORNA)

The Pacific Islands Operating Room Nursing Association (PIORNA) was formally established in 2019 to promote the practice and ethical principles of OR nurses across the Pacific region (Mamea, 2019) (Feature box 1.4). PIORNA is the sole professional association within the Pacific region specifically for perioperative nurses, with its membership base representing 14 individual Pacific Island countries (PICs). Geographically, PIORNA membership stretches from the northern and western PICs (Palau, Federated States of Micronesia, Republic of Marshall Islands, Kiribati and Nauru) to the central and southern PICs (Solomon Islands, Vanuatu, Fiji, Tuvalu, Tokelau, Samoa, Tonga, Niue and Cook Islands). PIORNA aims to promote activities that provide for the exchange of information as well as continuing education, peer review and research in OR nursing. On a practical level, PIORNA also functions as a forum for perioperative nurses in PICs to discuss matters affecting their practice (PIORNA, 2019). PIORNA gained pre-membership status with the IFPN during its formation and continues to build upon its membership base within PICs and Australasia (ACORN, 2024m).

Professional Practice Standards

As the national regulatory bodies for nursing, the NMBA and the NCNZ produce a number of professional standards (NCNZ 2024c, 2024g; NMBA 2016a, 2016b, 2016c, 2021a, 2021b) as well as codes of conduct and ethics. While these national documents relate to all nurses in general and are by nature overarching, they are nonetheless important because they inform specialty nursing practice for NPs, RNs and ENs in their respective countries.

Specialty professional **practice standards** define perioperative nurses as a community and function as a reminder for professional practice, assisting perioperative nurses when advocating for consistency in quality patient care. Standards are often used to ensure the quality of professional work and make principles of practice more transparent for user groups, consumers and other stakeholders. Standards provide minimum requirements for practice and are regarded as generally accepted principles of patient care and perioperative management. In healthcare, standards provide a common language and set of expectations that enable healthcare professionals, systems and organisations to work together for the best patient outcomes. Standards and guidelines for practice are also dynamic because there is an imperative for continual, rigorous review

FEATURE BOX 1.4
Perioperative Nursing Standards in Pacific Island Countries (PICs)

The Pacific Islands Operating Room Nursing Association (PIORNA) is the professional association for OR nurses in 14 Pacific Island countries (PICs). PIORNA's origins date back to 2015, when reports from the Royal Australasian College of Surgeons (RACS) visiting surgical teams in these countries noted regional discrepancies in OR nursing practices (Davies et al., 2016). In response, a Pacific-based organisation (Strengthening Specialised Clinical Services in the Pacific [SSCSiP]) assembled a small working group of OR nurse representatives to devise solutions to the issue. The group initiated an international project to identify and develop the first benchmark in nursing standards for Pacific perioperative nurses. The project included perioperative nurse consultants from Australia (Health Education & Learning Partnerships [HE&LP]) and was supported by ACORN and the IFPN, who shared their perioperative standards as reference documents.

The Pacific Perioperative Practice Bundle (PPPB) project was originally funded by governmental agencies (AusAID and the Pacific Community SPC), and ACORN (Davies et al., 2017). The project has produced 16 perioperative practice standards in total, grouped into three bundles: infection control, patient safety and safe environment. Each has a matching bundle of audit tools to measure OR nurses' and facility compliance with these standards. Audit results, implementation success stories and lessons learned have been shared within the PICs, presented at conferences both regionally and internationally and published in journals (Isaia et al., 2018; Mamea & Nofoaiga, 2019; Mamea et al., 2018; Sutherland-Fraser & Davies, 2017; Taoi & Sutherland-Fraser, 2016).

Since coming together in 2015, the group has continued to pursue bigger dreams for Pacific perioperative nurses and a better future. An interim committee was established in 2018, with the PIORNA constitution ratified in 2019, guided by foundation documents used to establish professional associations in Papua New Guinea and Africa (Davis & Woodhead, 2016; Woodhead, 2006). PIORNA was formally registered in Samoa as the professional body for perioperative nursing across the Pacific, and the inaugural conference was held in 2023, delayed slightly due to the COVID-19 pandemic.

The geographical spread of PIORNA's membership base, the diversity of healthcare systems and unpredictable supply lines are ongoing challenges for this neophyte association. Despite such challenges, the success of PIORNA's journey so far has been demonstrated by recognition of the PPPB as the minimum standards for perioperative nursing in the Pacific, and the uptake of PPPB audit programs to measure compliance across the PICs. Furthermore, reports by RACS visiting surgical teams to these countries since the project's inception have verified the improvements in OR nursing practices.

and updating in response to changes in healthcare practice, policy and legislation, and the emergence of new research, technologies and trends in surgery (ACN, 2019). In Australia, their standing has been clearly demonstrated in the law courts; this is further explored in Chapter 3.

RESEARCH AND EVIDENCE-BASED PRACTICE

Translating contemporaneous, evidence-based research in clinical practice is an important skill for healthcare professionals (AORN, 2022). Before new research findings make their way into practice, they need to be synthesised, understood and shared through a dynamic process known as knowledge translation (KT) (Bjorklund-Lima et al., 2023). This process is useful in supporting nurses' decision making by identifying long-standing practices which lack a basis in research; perioperative practices are oftentimes shared informally and without evidence base (Bjorklund-Lima et al., 2023). Perioperative nurses use research findings in a variety of ways in practice and on a daily basis. For example, the WHO Surgical Safety Checklist (SSC) has been shown to decrease patient morbidity and mortality (McNamara et al., 2022). Perioperative nurse clinicians also conduct research into their own practice, often in collaboration with others. Research boxes 1.1 and 1.2 present the findings of research projects that should be of interest to all perioperative nurses regardless of their experience.

An Evidence-based Approach to Practice

Evidence-based practice (EBP) is defined as the 'gold standard' provision of patient-centred care, using scientific evidence and clinical expertise alongside the patient's values and wishes (Ramage & Foran, 2023). The perioperative nurse's engagement with the latest EBP enables critical appraisal of evidence, and the ability to determine its application to practice.

RESEARCH BOX 1.2
Apnoeic Oxygenation Preceding Intubation

Anaesthetists can use high- or low-flow intranasal oxygenation during the apnoeic stage of intubation, rather than ventilate via bag–valve–mask. White et al. (2023) set out to discover the benefits of this method, in the prehospital, ED, ICU and OT environments. Utilising Cochrane search methods, the team found randomised control trials (RCT), and outcomes inclusive of hospital length of stay, incidence of severe hypoxaemia (SpO_2 less than 80%) and ICU stay for critically ill patients. The quality of evidence was assessed. Findings included 23 RCTs which assessed a total of 2264 participants. None of the studies reported on length of stay. There was little to no difference in severe hypoxaemia rates when utilising apnoeic oxygenation compared with traditional methods. Length of ICU stay was slightly less in the apnoeic oxygen group.

It is an important skill of the perioperative nurse to be able to justify departmental policies or aspects of patient care. This is demonstrated most effectively when the nurse can articulate the rationales for their practice. While there will always be a requirement to follow departmental policies, this does not equate with a rationale for practice. If told that 'the policy says we should do it this way', the new perioperative nurse should enquire about the rationale beyond this explanation. For example, perioperative staff completely cover their hair not just because it is a policy requirement but also because of the rationale that human hair harbours bacteria and other microorganisms that may contribute to patients' surgical site infections (SSIs), and staff must minimise the dispersal of such microorganisms by wearing hats or scarves that completely cover and contain their hair (ACORN, 2024n; Spruce, 2017).

The perioperative nurse can seek rationales for practice from organisations that promote and support the synthesis, transfer and utilisation of evidence. The Cochrane Collaboration is a global independent network of researchers, professionals, patients and carers that publishes systematic reviews of the effects of healthcare interventions and summaries of the latest research findings. These are accessible resources for nurses seeking to support and justify changes to practice. The Joanna Briggs Institute (JBI) is an international agency, collaborating with more than 70 entities worldwide and incorporating nursing, midwifery and allied health research findings. Systematic reviews that inform perioperative nursing practice include:

- Cochrane reviews:
  - Apnoeic oxygenation preceding intubation (White et al., 2023)
  - Effectiveness of warming approaches in preventing perioperative hypothermia (Xiong et al., 2023)
- JBI systematic reviews:
  - Effectiveness of non-pharmacological interventions to manage preoperative anxiety in adolescents (Pestana-Santos et al., 2021)
  - Barriers and facilitators of SSC implementation (Paterson et al., 2024).

Although nurses should foster evidence-based practice, there is a significant delay (average of 17 years) in the transfer of research results to their practice (Dale & Logsdon, 2022). To improve patient outcomes, however, perioperative nurses have a responsibility to seek ways to implement research into their practice. Skills developed in EBP not only enable perioperative nurses to justify department policies, but also enhance their ability to explain the care they are providing to patients.

PATIENT SCENARIOS

SCENARIO 1.4: EVIDENCE-BASED PRACTICE

Now consider EBP from the perspective of EN Macedo, the anaesthesia nurse caring for Mrs Peterson. EN Macedo will need to explain to Mrs Peterson that he is covering her with a blanket filled with warmed air not only for her comfort but also because her temperature is lower than 36°C. When Mrs Peterson asks why her temperature is so important, he will be able to explain that her low temperature may increase her recovery time and may also increase her risk of developing a postoperative wound infection (Munday et al., 2023). It should be noted that, when explaining the reason behind any care activity or intervention, the perioperative nurse must always consider each patient's capacity and individual desire to be informed before making a clinical judgement about how much information is appropriate to provide.

THE FUTURE OF PERIOPERATIVE NURSING

The safe and efficient delivery of health services is reliant on a highly educated workforce that is adaptable to change. Workforce innovation is therefore an important consideration for the healthcare sector, particularly the development of nursing roles, including roles that may challenge professional boundaries. Influences for change in nursing practice arise for several reasons, not the least of which may be work practice changes such as the introduction of new models of care initiated by organisations or professional groups, changes in other health professions or emergence of new healthcare roles.

The development of advanced practice roles for RNs which were explored earlier in this chapter, such as the NP or PNSA roles, are examples of how these influences for change have shaped perioperative nursing practice in Australia and New Zealand during the past decade.

Ancillary and Unregulated Worker Roles

In Australia, ancillary workers represent an important part of the perioperative workforce (ACN, 2019, ACORN, 2020a). Earlier in this chapter, we acknowledged the varying levels of education and skill sets of the ancillary workers who provide care to surgical patients during their perioperative journey. This mix includes roles which fall outside the remit of regulatory bodies, such as AINs, PCAs, HCAs, orderlies and sterilisation technicians, as well as regulated roles such as nursing, medical and/or allied health students. It is important to note that the long-standing ancillary role of the anaesthetic technician is regulated in New Zealand, with a national accreditation process for the qualifications and training providers (MSCNZ, 2024). The Australian Anaesthesia Allied Health Practitioners (AAAHP) is a professional body which supports the interests of anaesthesia technicians and continues to work towards national registration of the role in Australia (AAAHP, 2024). The New Zealand Anaesthetic Technicians' Society (NZATS) is the equivalent professional body representing anaesthetic technicians in New Zealand (NZATS, 2024).

Nurses are expected to be flexible to meet the changing demands of healthcare and to make safe decisions about when and if certain aspects of patient care can be delegated to ancillary and unregulated workers (NMBA, 2023a). The NMBA and the NCNZ both publish national decision-making guidelines and frameworks to assist RNs and midwives not only to understand the limits of their own scope of practice, but also to support them to make safe delegations of patient care to these other healthcare workers (NCNZ, 2012b, 2016; NMBA, 2023a).

ACORN's position on ancillary workers is that they must work under the supervision and management of appropriately educated and experienced RNs at all times (ACORN, 2020a), providing indirect patient care only. In the UK, the RN also works in a multidisciplinary team. This may include diploma-prepared, non-nurse, operating department practitioners (ODPs), who are regulated and who undertake activities traditionally completed by nurses. In the US, the non-nursing role of the scrub technologist is supervised by the RN circulating nurse. Legislation has been enacted in many US states to ensure that there is at least one RN present in the OR, working as the circulating nurse (AORN, 2019) to oversee nursing care and supervise workers such as the scrub technologist.

While discussions about professional roles and responsibilities in the perioperative environment are at times controversial, nursing practice and nurses need to be flexible and able to adjust to changes in the healthcare environment, especially in ways that are beneficial for perioperative patients.

PATIENT SCENARIOS

SCENARIO 1.5: DELEGATION IN THE OR

RN Sandy Pereira is in the tea-room at lunch and meets up with an old colleague, RN Ben Lumby, who now works part-time as a PNSA with one of the orthopaedic surgeons in the private sector. RN Lumby tells RN Pereira that he has had a very enjoyable morning circulating in the orthopaedic list because he knows Silvana Perez, the medical company representative (MCR). RN Lumby tells RN Pereira that Silvana has been helpful and has been opening the sterile stock while he has been completing the documentation on the computer. Silvana has also been opening the prostheses, which RN Pereira knows is not an appropriate role or delegation for Silvana (MCRs are visitors to the facility and are non-regulated members of the perioperative team).

Critical Thinking Question

- Outline RN Lumby's responsibilities as circulating nurse when working with visitors such as Silvana and other MCRs. Include rationales for your answers. You may benefit from reviewing your local policy or the relevant professional standards about delegation to unregulated workers and/or visitors to the perioperative environment (ACORN, 2020a, 2020b; NCNZ, 2012b; NMBA, 2023a) and your relevant professional nursing standards when considering your response.

SCENARIO 1.6: PERIOPERATIVE PRACTICE

One of RN Rob Cohen's friends who is now working in the oncology ward of your hospital challenges him with this question: 'When are you going to take up real nursing again?'

Critical Thinking Questions

- Has this happened to you or one of your colleagues? What two examples of perioperative patient care from your own experience would you describe as 'real nursing' in response to this question?
- Provide rationales that explain how these two examples of your practice as a 'real nurse' reflect the philosophy of perioperative nursing and patient-centred care. You may prefer to answer this question using your patient scenario in this chapter: Mrs Patricia Peterson.

CONCLUSION

In this introductory chapter, the regulatory environment in Australia and New Zealand has been outlined, and key aspects of nursing regulation such as scope of practice, accountability and responsibility defined. A brief history of perioperative nursing and its underpinning philosophy of culturally safe and holistic patient care set the context for descriptions of the perioperative patient journey and the patient care roles performed by perioperative nurses. The role of professional nursing associations has been highlighted, and the importance of practice standards and the role of evidence-based practice for perioperative nursing explored. In closing, the future of perioperative nursing practice has been considered, and the need for the specialty to adjust to changes in the healthcare environment that improve the delivery of perioperative patient care established. Throughout the chapter, the reader has been encouraged to reflect on patient scenarios relating to clinical care and perioperative nursing roles. These scenarios will continue to unfold in coming chapters.

RESOURCES

Agency for Clinical Innovation (ACI)
https://aci.health.nsw.gov.au
Anaesthesia Perioperative Care Network
https://aci.health.nsw.gov.au/networks/anaesthesia-perioperative-care
Association of periOperative Registered Nurses (AORN)
https://www.aorn.org
Austin Hospital Victoria, State Endoscopy Training Centre
https://www.austin.org.au/StateEndoscopyTrainingCentre/
Australasian College of Perianaesthesia Nurses (ACPAN)
https://acpan.edu.au
Australian Anaesthesia Allied Health Practitioners (AAAHP)
https://www.aaahp.org.au/
Australian Association of Nurse Surgical Assistants (AANSA)
https://www.aansa.org.au
Australian College of Nursing (ACN)
https://www.acn.edu.au
Australian College of Perioperative Nurses (ACORN)
https://www.acorn.org.au
Australian Education Network
https://www.australianuniversities.com.au
Australian Health Practitioner Regulation Agency (AHPRA)
https://www.ahpra.gov.au
https://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx
Cochrane Library
https://www.cochranelibrary.com
College of Nurses Aotearoa New Zealand
https://www.nurse.org.nz
International Federation of Perioperative Nurses (IFPN)
https://www.ifpn.org.uk
https://www.ifpn.world/resources/education-tools
Joanna Briggs Institute (JBI)
https://jbi.global/
New Zealand Nurses Organisation (NZNO)
https://www.nzno.org.nz
Nursing and Midwifery Board of Australia (NMBA)
https://www.nursingmidwiferyboard.gov.au
Nursing Council of New Zealand (NCNZ)
https://www.nursingcouncil.org.nz
https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx?hkey=9fc06ae7-a853-4d10-b5fe-992cd44ba3de
Perioperative Nurses College (PNC) of NZNO
https://www.nzno.org.nz/groups/colleges/perioperative_nurses_college
Professional Development and Recognition Programmes (PDRP)
https://www.nzno.org.nz/support/professional_development

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