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## Pairing of PACU and OR nurses

Jacqueline Ross, Claudia Schmalenberg and Marlene Kramer

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## Pairing of PACU and OR nurses

I am writing in response to the article in the June issue "Clinical Units With the Healthiest Work Environments" (2008:65-77). Although the study undertaken by the 2 nurse researchers provides valuable and needed evidence into the work environments of nurses, I am concerned about the groupings of units. The coupling of postanesthesia units (PACUs) and the operating room (OR) is particularly troubling to me as a perianesthesia nurse.

In the article, Schmalenberg and Kramer state that only staff nurses can effectively confirm if their environment is healthy. As such the pairing of OR and PACU skews the reality of these staff nurses. Although the nursing staff of the PACU and OR coordinate and collaborate very closely, their work environments are very different. The OR nurses work in close proximity with physicians, while for the most part advocating and caring for sedated or anesthetized patients. OR nurses typically monitor one patient in one OR room. PACU nurses monitor patients recovering from anesthesia, and this often entails more than one patient at varying points in the recovery process. In addition, many PACU nurses are caring for overflow patients, including intensive care unit (ICU), telemetry, and medical surgical patients while bed availability is scarce.

Although the findings of the study may reflect that PACU and OR nurses work in unhealthy work environments, I would be interested

in the findings that specify the work environment of PACU and OR nurses separately. This study included 251 OR and PACU nurses, yet the units where these nurses practice is not available to the reader, so it is unclear if there were more nurses from one unit than the other.

Job satisfaction is reported to be the lowest among the PACU and OR nurses, but the validity of these findings must be questioned considering the failure to specify the number of PACU and OR nurses surveyed, and the lack of differentiation with the PACU and OR findings. It is essential that nurse managers have a well-founded differentiation on the work environments of these 2 different nursing specialties. A secondary analysis would be beneficial. The evidence garnered enables the nurse managers of these units to promote healthy environments and to improve job satisfaction and retention.

Future research studies examining unit differences should not combine PACU and OR nurses into one category, but separate them to reflect the uniqueness of their practice. By using this strategy the depth of understanding the nurse work environment is expanded.

Jacqueline Ross, RN, PhD (c), MSN,  
CPAN  
Chagrin Falls, Ohio

### *The authors respond:*

The reader is absolutely correct, and if we had to do it all over again, perhaps we would have separated

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PACU and OR. Why did we couple them? Two reasons: the number of PACU nurses responding to the tool used to measure the health of the work environment was so small that statistically they could not stand alone. Secondly, the 2 units were most often under the same director or manager; this influences structures, policies, and practices and therefore the unit work environment.

Unless there is a marked increase in the number of survey participants among PACU nurses, it is quite likely that PACU nurses will need to be grouped with some other service in studies of this type. Although some of the PACU units in our study were faced with occasionally holding overflow ICU patients until beds were available, most were patients recovering from anesthesia. None were faced with the variety of patients the reader mentions. It

might be that units that are primarily postanesthesia recovery units may be more like surgical ICUs than like the OR. PACUs that care for the variety of patients described by the reader may actually be more like a mixed medical-surgical ICU in terms of work environment.

We agree that a separate analysis on work environments for the PACU would be very helpful to nurse managers and staff nurses in improving their work environment. We certainly will keep this in mind for our future research. Even without knowing where the PACU currently falls relative to other units, clinical nurses and nurse managers can use the follow-up articles on each of the essentials of a healthy work environment to look at the structures and practices that produce a healthy work environment and use these as a guide for assessment and potential action.

Claudia Schmalenberg, RN, MS  
Marlene Kramer, RN, PhD

### Valuable new nurses

I always peruse *Critical Care Nurse* when it comes in the mail and I especially enjoyed the October 2008 issue. The Guest Editorial was a nice touch. In the Letters to the Editor, Mary Kay Bader and Michael Vislosky made an excellent point regarding something that touches my practice as I work in a neurosurgical unit. Also, I was delighted to see the very astute comments of Dr Villars in her letter to the editor; the train-of-four issues have been misused for years.

Finally, the "Here Comes Generation Y" article was what brought pen to paper (so to speak). I have 25

years of experience as a critical care nurse. At this time I am pursuing my PhD, as a way to "give back" to my profession. I consider myself a mentor and leader in our community. I don't know about anyone else but I believe it is our duty to help the new generation of nurses to feel welcome into our community. I want quality nursing care for myself and my family, should the need arise. I welcome the enthusiasm and desire to learn. I have long said, the minute that death does not bother you is the time to leave the critical care area. I also have told many new ICU nurses, "The good nurse is not one who is good in the code, the best nurse, sees the problem before the arrest and prevents that situation from occurring." I do not plan to work for the rest of my life. I love people interested in learning and I enjoy learning new things myself. Let us not pass up the opportunity to "build a village" of strong, smart, and tech savvy nurses who can propel nursing even further and provide the safest, smartest care available.

Cindy Stoughton, MS, APRN, BC,  
ANP, ACNP, CCRN, CNOR  
Anderson, Texas