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# A Profession of the Mind, Soul, and Body (2012)

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# A Profession of the Mind, Soul, and Body

*By Louise Conces*

Imagine. Individuals of every gender, race, class, and age entering and leaving a large attractive building at all hours of the day, each day of the week. Some anxiously hurry, lost deep in their train of thought. Others tread with a skip in their step, radiating joy. Still, a panicked handful is rushed by with the aid of others. The other side of the structure's sliding glass doors reveals the sound of immaculate efficiency, a vision of foreign precision, and a combined scent of cleanliness, sickness, and injury. A sense of reverence quickly arises with the realization that here is where the lives of individuals are brought into and taken from the world. The unparalleled purpose that this domineering environment encompasses serves as a harsh reminder of an individual's insignificance and vulnerability. This is the ultimate microcosm. This is Methodist Medical Plaza-South (MMPS), where Becki Renner, a Perioperative RN, has fulfilled her vocation in Indianapolis for the past nineteen years.

Becoming an Operating Room Nurse was certainly no easy or swift feat Mrs. Renner tells me, adjusting her seat as she prepares to further explain. The only nurse she knew right out of high school was her older cousin who specialized in psychiatric nursing. Despite its flexibility, job

security, and intellectual stimulation, I was quite surprised to hear Mrs. Renner admit, with a reflective shake of her head, that this profession failed to interest her even the slightest.

While her husband was in Law School, Mrs. Renner received her Bachelor's Degree in Biology. However, getting a job to help pay bills after graduation was difficult because being in the military service, Mr. Renner needed to move the family frequently. Initially interested in pursuing a medical technology program so that she would have a chance of consistent short-term employment during the anticipated years of military transfers, Mrs. Renner found a job as a Cardiac Catheterization Technician. While working as a Pediatric Cardiac Catheterization Technician in 1979, with an affectionate tone, she vividly recalls the experience that influenced her to re-evaluate her career choice. One day in the Catheterization Laboratory, a pediatric patient went into cardiac arrest. A cardiovascular surgeon and his team flew down the backstairs when they received the code and opened the little girl's chest within minutes. Everyone on the team had a role, and Mrs. Renner admittedly liked the speed, confidence, and precision of the team's performance. The lives of both the little girl and Mrs. Renner changed for the better as she survived and Mrs. Renner began a new educative endeavor, one which would encompass the patient interaction component and a role as a health care team member. The substantial impact of this emergency

occurrence upon Mrs. Renner is absolutely remarkable and I hope to one day experience such a vocational epiphany.

It was not long after the Cath Lab episode that Mrs. Renner began exploring the possibility of nursing schools. She was determined to find a way to receive her training quickly so that she could begin working as an RN. While still in an Associate of Science in Nursing (ASN) degree program, she knew she would be continuing her education in this profession. A Bachelor of Science in Nursing (BSN) degree was trickier because of moving and transferring credits, but her persistence and research rewarded her with a BSN degree several years later. Once settled in Indianapolis, she immediately began her Master of Science in Nursing degree. Mrs. Renner's inherent desire to pursue such extensive education while overcoming external obstacles is truly inspirational and serves as a reminder of the necessity of prioritizing what is or is not worthy of sacrifice.

Undaunted by the length of time her formal education was going to take, while in her ASN program Mrs. Renner went looking for a student nurse job to earn a small income to help cover accumulating bills. She had completed a small required surgical rotation as a nursing student and loved everything about the experience. She knew there would be more specialty training for an interest in the Operating Room even as a student nurse, but she persistently sought any potential job openings with the Operating Room Nursing Manager. She briefly explains to me, "I

had heard that current students were occasionally hired to scrub in the Operating Room.” Chuckling, Mrs. Renner recalls when the woman finally hired her after about six inquiries. Unlike the majority of her classmates, she conquered the difficult task of beginning Operating Room orientation as an employee while concurrently remaining a dedicated nursing student.

Mrs. Renner’s decision to specialize in Operating Room Nursing required her to pass the NCLEX (National Council Licensure Exam) to be able to work as a Registered Nurse after graduation, and complete several years of general and specific OR related orientation programs in order to qualify to work in the area. While there are certifications specifically available for Operating Room RNs through professional associations, Mrs. Renner opted to complete her MSN degree instead. The passion in her voice is unmistakable when listening to her reasoning behind this somewhat unique choice as being a strong desire to include education in her job duties. Mrs. Renner’s eyes widen as she discusses that as part of attaining her MSN degree, she was now the one offering several training courses that included the orientation required for general surgery as well as additional orientation for specialty surgical areas. As they had been for her, these were generally on site and took months to complete, incorporating mentoring from experienced, or senior, RNs in the area who she helped match with less experienced OR RNs. At times Mrs. Renner admits she “felt overwhelmed,” but still always felt this was

truly what she enjoyed doing. With plans to one day join the healthcare profession too, the challenging, yet rewarding, process that Mrs. Renner underwent serves as affirmation that nothing of true value in life comes easily and the difficulties faced are a crucial aspect of personal growth.

She notes quietly, not everyone she has trained for the OR or has worked with was able to continue in OR nursing. I found myself sympathizing as she elaborated that there are many areas of nursing that can be extremely demanding physically and mentally and some RNs find the OR areas to be too stressful. Fortunately, in addition to working in hospital surgical departments like Mrs. Renner, perioperative nurses have the option of being employed at ambulatory surgery centers, clinics, or physician's offices ("Perioperative (O.R.) Nurse"). Not only a member of the IU Health System's Operating Room "Beltway" since coming to Indianapolis, Mrs. Renner's MSN degree has afforded her the responsibility of Assistant Professor of Nursing at the University of Indianapolis for the past several years as well.

When working in the OR, Mrs. Renner tells me, "My shift usually begins at six o'clock in the morning and is scheduled to end between four and five o'clock in the evening." Yet, as she points out, the day generally depends upon how the RN Unit Manager has set up the schedule for the RNs. Essentially, the work day does not end until all of the patients have had their procedures then been admitted or discharged home. Ten and twelve hour shifts have become very common over time, allowing an

increase in patient continuity. Although Mrs. Renner confirms that such long hours can be strenuous, her tone is one of rectitude as she maintains a firm belief in the necessity of a patient having the same RN throughout their Operating Room experience rather than be switched to another shift of RNs. According to Mrs. Renner, this commitment to patient care is shared among nearly every RN which makes occasionally staying past their shift time seem more of a personal privilege than a professional obligation. Even the RN Unit Manager's staffing schedule is designed to anticipate unexpected situations. Having previously endured the position of a patient, I was pleased to have affirmation that not only Mrs. Renner, but also fellow nurses recognize how much patients value their relationship with their nurses and trust them. Here, Mrs. Renner's attitude exemplifies a fundamental life lesson of doing the right thing because it is the right thing to do, not because anything is expected in return. The number of patients treated each day varies greatly with kinds of procedures being addressed for that specific day. However, a typical day would entail caring for seven or eight patients perioperatively. This might involve pre-op, intra-op, or post-op care.

Such patient care entails an extensive variety of duties. When she first arrives for the day, Mrs. Renner must review the scheduled procedures and check for any add-ons or emergency cases. Next, she oversees the preparation of patients and their rooms. With a contagious smile, she says, "The majority of my day is then spent doing my favorite

aspect, attending surgeries and participating through the particular role assigned to me.” These roles can be classified as either scrub or circulator, “both of which require knowledge of anatomy and physiology, surgical intervention procedures, and necessary equipment and instrumentation” (Belton and Berter 27). Everyone on the surgical team has a role largely determined by their level of educational preparation as well as their job descriptions. For example, a surgical technician understandably would not have the same responsibilities as the RN or the MD. Rather, each member of the team uses their professional training and experience to complement one another in achieving the most positive patient outcome possible. Mrs. Renner’s sense of respect and camaraderie is detectable as she explains that familiarity with the staff and surgeons increases over time, these trusting relationships foster more independence and intra dependence. Mrs. Renner’s responsibilities have been broadened over the years as she has gained experience and skill. She is regularly in charge of new staff orientation, yearly staff educational competency assessments, and administrating the Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses as well. Interestingly, Mrs. Renner’s acquired duties are fairly common for someone in her field as many “perioperative registered nurses may later consider a career in business as a management consultant, clinical educator, researcher, or medical sales professional” (“Perioperative (O.R.) Nurse”). One may largely attribute this fact to the fundamental

responsibility of perioperative nurses to ensure that all aspects of surgery occur not only properly but also the most efficiently. Towards the end of her shift, Mrs. Renner finalizes several follow up tasks with her post-op patients before heading home for the day.

Not one patient case has failed to intrigue Mrs. Renner so far. She loves the ability to interact with patients from all sorts of backgrounds and each with a unique treatment need too. While the uncertainty of the outcome of cases exists, Mrs. Renner genuinely values her time spent with each individual. She considers the reality of treating individuals with compromised health to have the greatest emotional impact upon her in demonstrating that life is never to be taken for granted. Unfortunately, this stance has been harshly reinforced on occasion when she has been faced with a challenging case that does not go as planned such as the surgeon discovering a totally unexpected obstacle. While experience helps prepare her and the rest of the surgical team to react appropriately under such serious circumstances, Mrs. Renner solemnly acknowledges that, “The fearful surge of adrenaline is never something to which anyone in the medical profession becomes accustomed.” The accuracy of Mrs. Renner’s declaration carries substantial weight with me as I continue on my path towards becoming a physician. The emotional impression that nursing has upon Mrs. Renner is evident as she describes how her favorite part of being a nurse is seeing positive health outcomes for patients but the most difficult part is watching other patients struggle

and sometimes fail to achieve a positive health outcome. Mrs. Renner sarcastically laughs and lightens the mood, though, as she concludes that the only patient medical needs that she predominately dreads encountering are non-surgical ones because they restrict her personal experience in OR decision-making capability and use of talent.

Obstacles are not exclusively limited to patients in the operating room. Mrs. Renner has also endured difficult encounters with doctors and patients' family members. Generally though, these disputes can be traced to a communication problem. The most common issue Mrs. Renner faces is when a family member does not understand something but fails to speak up about it until later. As upsetting as these situations are, Mrs. Renner knows to remain professional and not take anything personally given the mental and emotional stress typically facing patients and their families. Yet again, her profession serves as a reminder of how essential it is to savor all of life's moments, even the most difficult ones, because they will never be perpetual. Thus, despite all of her career's challenges, Mrs. Renner casually shrugs and steadfastly conserves her outlook that, "When you love what you do every day I think the experiences support who you think you are, what you are capable of doing, and your values."

Mrs. Renner by no means views her profession as flawless, however, especially in regards to the fickle political viewpoints towards healthcare. As an RN, she declares that, "An underlying part of my job is

to evaluate the ongoing effectiveness of healthcare.” Consequently, when she believes that patients are not achieving optimum outcomes, she does not have any reservations about speaking up, becoming involved in planning and implementing solutions, and following through with changes as needed. Seemingly relieved, she declares she has found support from the local chapter of Indiana State Nursing Association (ISNA) in its active and honest facilitation of political discussions at many levels.

I was interested to hear that another more personal criticism of Mrs. Renner is in regards to society’s overall impression that nurses follow the requests of doctors and attend to more behind the scenes action. She calmly refutes that MDs and RNs both have their professional responsibilities based on licensure from their education, job descriptions, and state board regulations. Consequently, many factors govern what each profession can do. Nursing is more than merely “following” an MD’s orders. They work together cohesively and share patient care responsibilities. The RN depends on the MD for medical direction and since the RN is with the patient every moment of every day, the MD depends on the RN for monitoring, providing, and supervising care. Within the operating room, one might consider the surgeon the “captain” of the team while the nurse could be cast as the “skipper” (Belton and Berter 27). After a slight pause, a controlled yet frustrated edge is detectable in Mrs. Renner’s voice as she expresses her wish that

the media would more accurately portray the fact that patient treatment would not be successful without both participating. Aware of Mrs. Renner's personal concerns with the stereotypical relationship between doctors and nurses, I will be particularly conscious of how I interact with any nurses in my future profession.

I have great veneration for Mrs. Renner's commitment to her career as she tells me that ten years from now, she still foresees herself working as a nurse. Nursing is much more than just a nine-to-five source of a paycheck for her; it is a devotion to the care of others and a commitment to life-long learning. She knew that entering the field she would need to uphold certain principles and mentalities throughout her career.

However, she never imagined she would far exceed these expectations and come to cherish nursing as a lifestyle rather than just a job. Her curiosity and unyielding passion to better herself in order to improve the lives of other are what relentlessly drive her to pursue continuing education opportunities, examine published readings, and become whole-heartedly involved in organizations. As a nurse, Mrs. Renner is able to fulfill one of life's greatest challenges of being an individual who adds more value to the existing condition and fate of the world than she drains.

This desire has also translated into Mrs. Renner teaching nursing students working in the OR and mentoring many new RNs. She hopes to impress upon them the vitality of being committed to learning from their

patients and their patients' families as well as from one other. More importantly, perhaps, Mrs. Renner wants them to take responsibility for growing themselves. She tenderly summarizes her argument that, "Nursing is a forever profession. It is your identity. Not something that can be turned off when you leave your work site." The field of nursing is too rigorous to survive without some level of personal sacrifice combined with an inherent love and determination towards its central purpose of healing others. This mind set is particularly crucial in light of increasing nursing shortages "due to the aging of the nursing workforce, nurse recidivism, and the smaller number of nurses entering the profession" ("Perioperative Nursing"). Logically, in addition to continuing her job as a nurse ten years from now, Mrs. Renner also hopes to continue to interact first-hand with the education of beginning student nurses in her role at the University of Indianapolis. Whenever she does decide to slow down to working part time, she will enjoy spending more quality time with her husband and family. Even long after her retirement, though, Mrs. Renner will always carry the title of "nurse."

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