

## Ethical Dilemma in the Operating Room: Cellular Telephones and Horizontal Violence

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**Received:** November 09, 2017; **Published:** December 06, 2017

Ethical issues are not unique to the operating room (OR) or to Certified Registered Nurse Anesthetists (CRNA). Every profession has its own professional codes and faces its own set of unique challenges. One ethical dilemma that faces CRNAs and Student Nurse Anesthetists (SRNAs) in the operating room is the use of electronic devices while working. In today's digital world, many CRNAs use their cell phones as an informational tool and resource guide. The problem begins when a CRNA is giving too much attention to their cellular device and not to the areas of their job that need the most attention of all: their student and patient. Students rely on book knowledge and the expertise of their CRNA preceptor in order to make sound decisions for their patients. When the CRNA is not actively participating in the case, the student can be left feeling inadequate or not worth teaching. This is a form of horizontal violence or more specifically, incivility. Incivility is characterized as a low-intensity, deviant behavior with ambiguous intent to harm the target [1]. Horizontal violence is prevalent throughout nursing and can severely hinder students learning. Statistics can vary, but up to 85% of nurses have experienced some form of horizontal violence in their career [2]. This paper will discuss horizontal violence, cell phone usage in the OR, negative consequences to patients and students, and potential positives impacts cell phones can have on patient and student outcomes.

### Horizontal Violence Ethics

#### Scenario

Each day, SRNAs get their assignments and meet with their preceptors before the cases begin. Sometimes it is a new preceptor or the same preceptor the student has had many days prior. Once in to OR, some preceptors use their cellular telephones as a way to pass the time of the case. The problem in this scenario is that the student is not learning from the expertise of the CRNA when the CRNA is playing on their phone. The CRNA is not attentively watching the patient or the SRNA to avoid any catastrophic consequences. The CRNA will say they will not let anything bad happen to the patient, but it is difficult for the CRNA to know what drug the SRNA is pushing when the CRNA is preoccupied with their phone.

#### Ethical Implications

The moral problem in this scenario implies a type of horizontal violence in the workplace that is more psychological in nature than most cases. By hurting the student's education and also not protecting the anesthetized patient with their undivided attention, the CRNA commits acts of horizontal violence. While the CRNA has respect for the SRNA's autonomy, the CRNA fails the moral duty to keep promises and the principle of beneficence. The promise that is not kept is the one between a preceptor and student that requires the preceptor to educate and improve the student's anesthetic skills. Beneficence is lacking in this scenario due to the CRNA not doing any acts of good for their patient or SRNA. As preceptors, CRNAs have an ethical obligation to the future of their profession to fully and completely educate SRNAs.

#### ANA and AANA Ethical Breaches

Ethical breaches of horizontal violence would include Provisions 1 and 1.5 of the American Nurses Association (ANA) *Code of Ethics* [2,3]. The CRNA, in this scenario, is not showing fair treatment, respect for the patient or SRNA, or providing an atmosphere of collabora-

tion with the SRNA. Students can be left feeling ignored and not important enough to be taught by the CRNA. This is not a good feeling when the student is already in an unfamiliar environment. The time that is missed for conversation and in-depth discussion of the plan of care is extremely valuable to the development of the SRNA.

The CRNA also violates the American Association of Nurse Anesthetists (AANA) [4] *Code of Ethics*, sections 1.2 and 1.5. CRNAs are held to standards of professional conduct, collaboration, cooperation, respect, responsibility and are accountability for their own actions. The CRNA in this scenario are not acting in a cooperative or a collaborative manner and are not upholding their responsibility to the patient. Section 1.2 requires the CRNA to protect the patient from harm and is an advocate for the patient's welfare. Since operations render the patient incapable of protecting himself or herself, the practitioner must serve to uphold and promote the patient's rights [5]. Section 1.5 deals with the CRNA protecting their patients against incompetent, impaired, or engage in unsafe, illegal, or unethical practice [4]. SRNAs are still in the learning process and could be considered incompetent.

### Negative Consequences

Generally speaking, horizontal violence contributes to an unsafe work environment and adversely affects patient outcomes [2]. It can affect nurses' health, morale, and sense of worth, and is a factor in recruitment and retention of nurses [4]. Victim physical symptoms victim can include tiredness, headaches, GI complaints, and sleep disturbances [4,6]. The psychological issues can include sadness, depression, stress, anxiety, low self-esteem, impaired short-term memory, psychosomatic illnesses, post-traumatic stress disorder, fear, guilt, and shame. In the stated scenario, the negative consequences of horizontal violence can include decreased student learning opportunities and less attention by the CRNA to their anesthetized patient and student. The added risk to the patient can be a medication error or an improper intervention to changing physical status of the patient. With a cell phone in the OR, not only in there a risk for horizontal violence, but also a risk of patient safety emerges.

Cell phones in operating rooms also present an infection risk. In a study conducted by Shakir [7], eighty four OR cell phones were tested and found 83% had pathogenic bacteria at initial testing. Also, Shakir found that 98% of phones had a value greater than what is considered clean on the basis of relative light units. Cell phones are distracting to the CRNA, limiting the student's educational opportunities, and also potentially increasing infection risk for patients.

### Solutions

The issue of horizontal violence in this scenario can be resolved in a number of ways. The offending CRNA might not realize a problem exists. The major barrier for the SRNA would be fear of getting the CRNA into trouble which could lead to more horizontal violence for the SRNA. The SRNA needs to keep in mind that they need to make the most of their educational opportunities. The SRNA needs to first communicate with the CRNA. Effective communication between the SRNA and CRNA can start the resolution process. It is important for the SRNA to stress the desire to learn from the CNRA and make the CRNA feel like they are needed for support. It is important for SRNAs to establish a personal relationship with the CRNA in order to open the lines of communication between the two. If the CRNA feels more comfortable with the SRNA, then the CRNA might be more forthcoming with educational tips and pearls.

If the student is unable to resolve the situation by communicating with the CRNA, then the student should talk to the clinical coordinator at the location. The SRNA should be respectful and explain the situation and ask for a different preceptor. Also, the SRNA should let their school know the situation and briefly explain all of the steps that were done to correct the situation. The main goal for the student should be to be placed in a better situation to promote learning and growth for the SRNA.

The easiest solution to the problem of cell phone distractions in the OR is to ban cell phones. By banning cell phones, anesthetists would be more available to their students and not be tempted to play games or surf the internet while they are suppose to be focusing on their anesthetized patient and student. However, digital devices can provide a platform for education in the OR. Having text books and review courses at the touch of your finger can provide a valuable educational resource for CRNAs as they discuss different topics with

their SRNAs. It has been shown that technology is an effective resource capable of utilizing information similarly to traditional education and encouraging students to learn [8]. Considering the ease of use and how quickly cell phones can be used as a reference tool, it should be considered that cell phones are a net positive addition in the OR. A CRNA should implement quality judgment when considering cell phone use. If the cell phone is used for constructive, work related topics then they should be used.

Although not an issue of horizontal violence, cell phone cleanliness should be addressed since it is still an ethical issue for CRNAs. CRNAs are charged with the responsibility to do no harm to their anesthetized patients which includes not increasing the patient's risk for infection. Establishing usage and cleaning protocols could be a more appropriate approach to the ethical problem of cell phone usage in the OR than to simply ban phones. A protocol needs to be established to educate CRNAs about the potential catastrophic consequences of lapses in attention. Also, a protocol should be established to determine the appropriate handling and cleaning of a cell phone that is brought into the OR.

### Conclusion

Horizontal violence is largely present in nursing society and is also present in the operating room for SRNAs. CRNAs can partake in horizontal violence in ways they may not even recognize like cell phone usage while precepting. Technological advances, for instance cell phones, can help a CRNA or SRNA to better care for their patients but can also have a negative impact. Negatives of cell phone usage can include decreases in a patient's quality of care and also a SRNA's learning atmosphere. CRNAs that use their cellular telephone for personal use to pass the time during surgery are missing a great opportunity to interact with their SRNA and teach. CRNAs all have great knowledge and insights into the art of anesthesia and are in a great position to pass the knowledge to SRNA while surgery is taking place. Cell phones are not the enemy of this article, but they are one of the biggest detractors from SRNAs' learning from CRNAs in the OR.

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**Volume 3 Issue 3 December 2017**

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