

Surgical Attire Guideline Adherence Decision-making – Beyond New England

Carole “Gert” Mayes PhD, RN, NPD-BC, CNOR & Joanne Adams, DNP, CNOR

Purpose & Background: The Association of periOperative Registered Nurses (AORN) developed the surgical attire guideline (SAG) to help reduce the risk of patients developing surgical site infections (SSIs). Reported adherence to the SAG, which incorporates the Centers for Disease Control and Prevention recommendations, ranges from 4-87% thus placing thousands of patients at risk. Only one published study explored New England intraoperative team members’ decision-making related to SAG adherence. For the theory resulting from the study to be transferrable beyond New England and to support widespread SSI risk minimization, the original study required validation. Our follow-up study sought to answer the research question “How do intraoperative team members within the US but outside New England decide whether to adhere or not adhere to the SAG?”

Methods: We modeled our study proposal after the original study by following the same Classic Grounded Theory method, participant inclusion criteria except for excluding New England team members, recruitment methods, and data collection method. We submitted our proposal and received Institutional Review Board approval. We reached theoretical saturation with 10 participants but interviewed five additional participants to ensure no new data were identified. Once we completed constant comparison with all interviews, coded the data, identified categories, member-checked, and completed peer-checking, we performed theoretical coding. Study limitations included no ancillary staff participating, using only phone interviews, audio recording the interviews, and randomly selecting one participant who received a \$100 electronic gift card.

Results: We found our identified categories reflected those of the original study. These categories related to SAG adherence decisions included guideline awareness, authority influence, attire availability, anchoring activities, personal drive, culture, and evidence quality.

Discussion/Conclusion: With the identified categories and the linkage among them reflecting those of the original study, our study validated the transferability of the Decision-making Theory of Surgical Attire Guideline Adherence (DTSAGA) beyond New England intraoperative teams.

Nursing Implications: Using the DTSAGA, nurses must take the lead yet work collaboratively with the intraoperative team members to address increasing SAG awareness, understanding the power authority figures play in influencing adherence, ensuring required attire is available, providing routine assessments and reminders of the requirements including the adherence reasons, creating a culture supporting individuals’ abilities to safely remind colleagues of the attire expectations, and increasing the evidence quality supporting the guideline. Nursing and other team members must conduct high-quality studies exploring the SAG relationship with SSI risk reduction because current evidence is limited, Nursing must study the impact that expanding SAG awareness and other interventions aimed at increasing adherence have on adherence rates. This theory provides a foundation for increasing SAG adherence and reducing SSI risks.