### Chapter 7

# Behavior and Ethical Problems in the Functioning of the Operating Theater (Case Study)

#### Anita Wójcik

Military Clinical Hospital No. 10 in Bydgoszcz, Poland

#### Michał Chojnacki

Nicolaus Copernicus University in Toruń, Collegium Medicum in Bydgoszcz, Poland

#### **ABSTRACT**

The progress of civilization and the dynamic development of the various branches of science is inevitable. Subsequent centuries brought behind the systematic development of medicine and nursing. This action always was and still is accompanied by ethical reflection. Widely understood ethics shall attempt to catch an eternal with the changes, especially in the protection of the essence of the man as well as his health. Image of medicine allows us to understand that the subject of immediate medical ethics is not just a doctor and a nurse, but that there are often entire therapeutic teams of health care professionals and patients themselves. Concern about the health of their ownership presupposes and active partnership in the process of treatment. Contemporary ethics interfere in every element of medicine, generating doubts and at the same time trying to normalize them, included in the specified frame. Operating theaters and the people working there are not free from this type of dilemma.

#### INTRODUCTION

#### **Problems in the Functioning of the Operating Theater**

Operating theater is one of those units of the hospital with a very complex structure in its organization and functioning. This very complicated machine consists of a whole range of components necessary for proper operation of the operating unit. The variety of medical equipment, highly specialized apparatus and equipment fitted in operating rooms is the basis of the provision of medical services at the highest. Also essential auxiliary facilities (control rooms, preparatory rooms, etc.) are equally important; the lay-

DOI: 10.4018/978-1-4666-9658-7.ch007

man can compare them to a veritable maze and require specific knowledge of the hospital's topography. When we add to this specialized materials and medicinal substances, drugs and pervasive bureaucracy in the form of the enormity of medical records, we create an image very similar to the factory. Once this time machine is dispersed, it rarely stops. Sometimes it slows your speed dictated by the need of human diseases and cases. However, the operating theater never rests, it is always armed, and most of the time working at full pace.

There is another, most important element in this conglomerate of events and objects. The man, the motor and fuel of this specific medical unit. But the most important element is the patient, the sick man without whose existence and the need for healing, there would no need for the concepts of health, public health, hospital, clinic, or, as is the subject of this chapter, operating theater. The patient is in the strict sense of contemporary increasingly holistic and humanitarian medicine. However, the most important element that determines the quality of work in the operating theater is the staff. It is here, on the platform meets the operating theater to work a number of qualified people who know their work and patients are treated here. Within the operating unit operates several teams operating room nurses, anesthesia, anesthetists and surgeons of different specialties and perfusionists, radiology technicians. The staff also includes cleaning crews and paramedics; the scope of activities in the operating room is of great importance, even in the case of prevention and control of infections. Such a mixture of character and personality is a big challenge for the modern man working in such large units. It is also a challenge for managers and those who on a daily basis work on the analysis, improvement and create workplace behavioral standards.

All of these people are a kind of individuality, with a more or less refined worldview. They come to work and collaborate with other people with their baggage of experience and doctrines being only learned from family life, often during upbringing instilled by relatives' behavioral models which then have changed over the years, based on their experiences and observations of life. Working in the operating theater condemns those people to working closely in teams with others and condemns them as if each other, making your company an indispensable element of work each day spent in the operating room. It can be very aggravating and sometimes an unpleasant and painful experience. Spending time daily with people who may not necessarily share our worldview, behavior or culture is certainly a challenge for everyone. When we add to it the patient, a stranger, a difficult, unpredictable and emotionally immature person, whose presence creates dilemmas; it causes us despair and fatigue. Then, even though we are not aware of this fact always, the quality of our work, can be significantly degraded despite our best efforts. Studies not only in the field of health and medicine have repeatedly shown that a man tired of being under pressure or working in a socially hostile environment is not fully effective. People selecting this advantageous path career path are not probably always fully aware it's not really what it initially looks like. Strongly that life can surprise and good to give the bone even when in love with what you are doing and understands the rules prevailing in our work.

Earlier we mentioned that anyone who decides to work in the operating room, is usually a man with a full degree; mature and educated, with his or her own moral backbone consisting of rules and standards. These standards generally arise from the assumptions of the group in which we lived. The influence of ethnicity, culture, civilization is widely understood and is restricted to region of the country, our faith and religion, political system and social status; the family and many other factors mentioned earlier contribute to the development of our unique moral package. Every day we add a new experience to this package and our moral view of the world is evolving.

24 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/behavior-and-ethical-problems-in-the-functioning-of-the-operating-theater-case-study/141262

#### Related Content

Green Growth Intervention on Employment Generation in India: Dynamic CGE Model Approach

Anandajit Goswamiand Saswata Chaudhury (2017). *International Journal of Sustainable Entrepreneurship and Corporate Social Responsibility (pp. 39-60).* 

www.irma-international.org/article/green-growth-intervention-on-employment-generation-in-india-dynamic-cge-model-approach/209681

#### The Role of a Strategic and Sustainable Orientation in Green Supply Chain Management

Kuo Ming Chu (2016). International Journal of Sustainable Entrepreneurship and Corporate Social Responsibility (pp. 40-61).

www.irma-international.org/article/the-role-of-a-strategic-and-sustainable-orientation-in-green-supply-chain-management/188420

#### Medication Errors: The Role of Societal Attributes

Titilola T. Obilade (2017). *Medical Education and Ethics: Concepts, Methodologies, Tools, and Applications* (pp. 100-109).

www.irma-international.org/chapter/medication-errors/167286

#### Is "START-UP NY" Starting Up NY?: A Post-Keynesian Case Study Analysis

Lynn B. Jean-Snarr, Hal Snarrand Daniel L. Friesner (2017). *International Journal of Sustainable Entrepreneurship and Corporate Social Responsibility (pp. 1-12).* 

www.irma-international.org/article/is-start-up-ny-starting-up-ny/203605

## Poverty Reduction, Wealth Creation, and Tourism in Ethnic Minority Communities in Mainland Southeast Asia

Scott Hipsher (2017). International Journal of Sustainable Entrepreneurship and Corporate Social Responsibility (pp. 39-53).

 $\underline{\text{www.irma-international.org/article/poverty-reduction-wealth-creation-and-tourism-in-ethnic-minority-communities-in-mainland-southeast-asia/203608}$