

THE OPINIONS OF SIXTY-FOUR STUDENT NURSES
CONCERNING THE VALUE OF THEIR
OPERATING ROOM EXPERIENCES

by

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O.K.

PREFACE

This study is written to provide information regarding the opinions of student nurses concerning the value of their operating room experiences. It has become evident to the author through experience and reading that other than operating room theory and technique presented in textbooks, very little information has been made available regarding the operating room clinical practice of the student nurse.

In 1960 at a pre-convention panel discussion reported in the *Journal of the Association of Operating Room Nurses*, Janet M. Geister summarized some of the suggestions presented and indicated that in her opinion it was the responsibility of operating room nurses to concentrate upon the following:

1. Develop a statement of the objectives and distinctions of operating room nursing.
2. Work out the place of the technician.
3. Search out the values of operating room experience in the basic education of the nurse.
4. Outline the principles of the orientation program.
5. Define the role and responsibilities of the operating room supervisor. (10)

It is hoped that this study will assist in providing an introductory body of information toward the solution of the third item above.

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CHAPTER I

INTRODUCTION

Introduction to the Problem

The modern school of nursing endeavors to provide each student nurse with carefully selected learning experiences designed to assist in developing professional nursing competence. It is no small task to plan a curriculum geared to preparing nurses who can function in a truly professional manner in meeting the nursing needs of an evolving, democratic society. Each part of the curriculum must be subjected to intensive scrutiny with sufficient frequency to assure that the context is appropriate, unified, current, dynamic and meaningful.

The future of nursing education would seem to depend in part upon the ability of teachers in every nursing field to analyze critically long-accepted practices and beliefs; to reject those which seem outmoded; and to test others, not in relation to some pre-determined and inflexible standard and not in relation to opinions of leaders in the field, but through carefully planned research which is related to the needs and problems of a rapidly changing society.⁽²⁰⁾ Attention needs to be paid to findings of

educational research concerning ways in which nursing can be best taught and the effect these findings will have on the philosophy of the school and its objectives. (20)

An assignment to the operating room has traditionally been a part of each student nurse's program. Periodically, however, questions are raised as to the efficacy of the student's experience in the operating room, the length of time essential for developing certain skills and concepts, and the possibility of designing entirely new experiences for achieving the objectives usually formulated for operating room nursing.

Identification of student nurses' activities in the clinical practice areas would seem to be significant in establishing one basis on which to evaluate a program of nursing education in light of the objectives of that program. An analysis of how the students' time is allocated to the performance of different activities while carrying out a clinical practice assignment, may be indicated for perpetuation, modification, or further development of the educational program in nursing. (27)

Any number of approaches might be employed to ascertain importance of operating room experience as a part of the curriculum of a school of nursing. This study, however, is concerned solely with the student nurses' expressed opinions of the value of the activities commonly included in operating room experience.

The way a student looks at the teaching-learning situation and the significance it holds for her enters into the motivation process and forms the basis for the student's learning. (13)

Statement of the Problem

Instructors in schools of nursing are concerned with improving the quality of nursing care of patients, and, accordingly, are increasingly aware of the importance of providing their students with opportunity to learn high quality nursing. Faculties generally recognize that the opinions students hold regarding the value of their assignments are important in identifying needed curriculum changes. It is the purpose of this study to determine the opinions that a number of student nurses in the Oregon schools of nursing, express concerning the relative value of activities commonly included in operating room experience. It is further proposed to ascertain from the participants:

1. Whether they think the operating room assignment should have consisted of "observation" rather than "active participation."
2. How long such an assignment should be.
3. Which experiences they have enjoyed most and least.
4. What experiences should be added or omitted.
5. In what ways operating room experiences have contributed to their preparation for professional nursing.

It is accordingly hypothesized that there will be elements of agreement and of identifiable differences in the opinions student nurses express concerning the relative values of the experiences commonly included in operating room assignments.

It is anticipated that there will be widely diversified opinions, without consistency in elements of agreement or differences expressed by student nurses concerning the nature and length of operating room assignment, the experiences enjoyed most and least, the experiences that should be added or omitted, and the ways by which operating room experience has contributed to preparation for professional nursing.

Limitations

1. This study will be limited to information that can be obtained by a questionnaire administered to a group of student nurses in each of the seven schools of nursing in Oregon.
2. The participants for the study will be limited to student nurses who completed their operating room assignment within three months prior to June 1960, the time of collecting the data.
3. The expressed opinions will represent the responses of the participants of this study and no wide spread generalizations should be drawn regarding the findings of this study without further research.

Assumptions

Since all of the Oregon Schools of Nursing meet or exceed the minimum curriculum standards established by the Oregon State Board of Nursing, it may be assumed that certain similarities exist in the curricula of the participating schools and that these similarities extend to instruction and practice in the operating room.

It is likewise assumed that students have opinions concerning the relative values of the various components of their operating room assignments, and that they will express those opinions honestly and, hence, not knowingly distort the data.

Justification of the Problem

The curricula in modern schools of nursing have been submitted to frequent scrutiny in an attempt to delete extraneous content and to enrich and re-organize that which has been retained. Any study which yields data having implications for curriculum development merits consideration. It is recognized that the restricted nature of this study gives cause to ponder the significance of the findings. In defence, it may be stated that there is ample justification for seeking the students' opinions concerning the relative values of the activities assigned to them. This is an approach to curriculum appraisal which has been adequately validated elsewhere and may, even in this limited study, have distinctive usefulness. The findings may very well instigate the faculty in the Oregon Schools of Nursing to conduct similar studies in other clinical settings as the basis for extensive curriculum revision.

It is not the intent of this study to imply that the students' opinions are invariably sound or that they are better than those held by the faculty; however, this study does give recognition to the premise that students' opinions are important and may contribute to developing curriculum changes. In this instance, the findings might very well lead to identification of learning experiences in the

operating room which the student nurse could not obtain elsewhere in the clinical setting. The possibility of developing a new design for the operating room assignment must not be overlooked.

Procedure for Solution of the Problem

Plan of the Study.-- The plan of the study may be described in a series of steps as follows:

1. Observe student nurses in one operating room; compile a list of activities which comprise their assignments.
2. Review the list of activities; review literature to obtain further activities to add to the list.
3. Submit list of activities to a panel of experts functioning in operating room clinical situations for further revision.
4. Construct initial tool in the form of a questionnaire which will obtain the necessary information listed in the statement of the problem.
5. Revise questionnaire in accordance with suggestions obtained from the panel of experts.
6. Test the questionnaire in a pilot study on a group of student nurses who are not included in the study and ask them to submit suggestions for further improvement of the tool.
7. Communicate with the directors of nursing education in the Oregon schools of nursing, explain the design of the study, and request permission to administer the questionnaire, utilizing as participants those students who have completed their operating room assignment within three months prior to

June 1960.

8. Prepare interview guide to be used for obtaining information regarding individual nursing school operating room assignments.
9. Compile a schedule of visits to individual schools of nursing for the purpose of administration of questionnaire.
10. Visit each school of nursing; use interview guide to obtain information regarding operating room assignments; administer questionnaire to first group of student nurses; re-evaluate questionnaire and administer to students in the remaining schools participating in the study.
11. Process the data by means of key sort cards; punch, sort and tabulate results.
12. Construct tables and figures to display the findings of the data.
13. Analyze and interpret data.
14. Draw conclusions.
15. Summarize and recommend further studies.

Definition of Terms

For the purpose of this study the following terminology has been accepted:

1. Student nurse:-- a student enrolled in a basic program of nursing education, the completion of which will qualify the student to participate in State Board of Nursing examinations for the evaluation of ability to become duly registered in the resident state to practice professional nursing and to use the title Registered Nurse.
2. Operating room nursing:-- the practice of nursing which includes the nursing care of the patient who is in the process of sustaining a surgical intervention and/or examination for treatment or diagnosis; and which involves not only the care of the patient in the operating room but includes to some degree the responsibilities for a smoothly functioning team to assist the surgeon and the maintenance of an environment conducive to the safety of patient and personnel.
3. Operating room experiences:-- those activities which are part of the practice of operating room nursing, including the care of the patient in the operating room, the responsibility to some degree for a smoothly functioning team to assist the surgeon, and the maintenance of an environment

conducive to the safety of patient and personnel.

4. Active participation:-- living through actual situations and sharing in common with others those experiences which are a part of the environment and which may include whatever one does or undergoes which results in changed behavior, in changed values, meanings, attitudes, or skills.(5)
5. Observation:-- the act or faculty of consciously seeing or taking notice and not performing or complying.(8)
6. Curriculum:-- learning experiences developed under the auspices of the school.
7. Diploma program (school of) nursing:-- "program leading to a diploma in nursing, conducted by a single-purpose school under the control of a hospital or other noncollegiate authority."(22)
8. Collegiate program (school of) nursing:-- "program in nursing leading to a baccalaureate degree, conducted by an educational unit in nursing (department, division, school, or college) that is an integral part of a senior college or university and is organized and controlled in the same way as similar units in the institution."(22)
9. Opinion:-- "a statement of belief in regard to some matter, a belief not so strong as a conviction, but stronger than

an impression. Psychologically, an opinion is a verbalized attitude. It may have any degree of strength." (31)

Presentation of the Study

This report has been organized into four chapters.

CHAPTER I Introduction:-- Presented a background of the situations which initiated this study and outlined the problem, limitations, assumptions, justifications, and procedure for the solution.

CHAPTER II Survey of Literature and Related Studies:-- Will consist of a review of related literature and significant studies.

CHAPTER III Design of the Study:-- Is devoted to an explanation of the procedures involved in executing the study and to a presentation of the findings.

CHAPTER IV Summary, Conclusions and Recommendations:-- Will present a summary of the study with conclusions and recommendations for further studies based on the data obtained.

CHAPTER II

SURVEY OF LITERATURE AND RELATED STUDIES

A review of the literature does not reveal very extensive reporting on studies closely related to this study. There is a vast amount of literature on significant research and on minor investigations dealing with asepsis, technical skills, procedural methods and comparable topics relating to the operating room. A moderate amount of material has been submitted in periodical type publication dealing with the operating room and the student nurse experience. (3,6,7,18,19) Most of these articles refer to the student nurse and the operating room experience as it is presented in an educational program at one specific location such as the curriculum of one school. Some published articles have offered patient-centered type nursing care programs in which the student nurse actively follows the patient through the nursing care plan from pre-operative, to operative, to post-operative patient care. (17,24) A number of articles have been published expressing authors' views regarding the value of the operating room experience and the student nurse. (3,6,11,17,18,24,26)

This study is concerned primarily with the student nurse operating room experience per se; therefore any literature or studies

which have no direct bearing upon this study at the present time have been omitted from this review.

Historically, the nurse assumed duties which were required by the patient and prescribed by the physician. Florence Nightingale's now famous chronicles of her work at Scutari across the bay from Constantinople described one accomplishment which had far-reaching results:

In two months Miss Nightingale had transformed the hospital. In six months she had reduced the death rate to two per cent and had won over most of the surgeons. She fitted up at her own expense a dissecting and autopsy room for the doctors, which was considered the nucleus of the later Army Medical School. Lord Raglan, the Commander-in-chief, gave her his cordial support and spoke of her as an auxiliary general. (12)

At a sectional meeting of the American College of Surgeons, in St. Louis, March 1959, Carl A. Moyer, M.D., Bixby professor of surgery and head of the department of surgery, Washington University School of Medicine, stated:

The archaic attitude that the surgeon should be the boss of the whole O.R. show is bad because it fails to recognize that various other people in the operating room are intelligent and competent to boss their own situations. Everyone in any group should be able to exercise intelligent dissent. Cooperation is seldom progressive unless everyone is expressive.

There must be a "chief" of operating rooms, however, no matter how many rooms are involved--one person who is essentially responsible for the major conduct in the operating room suite--one person who is there all the time. Obviously the anesthetist and surgeon do not fill this need, since they must come and go and be concerned with their own problems. The logical person for the job is the operating-room supervisor. (7)

Operating room nurses have for some time accepted responsibilities which have been both administrative and professional. The present day operating room nurse has had to face the professional nurse personnel shortage, as have other members of her profession, with the added burdens of more complicated patient care, more detailed responsibilities and more involved problems of personnel and student education.

Edythe Alexander has stated:

To treat the patient in surgery, the most competent physician needs capable, kindly medical and technical assistants, a safe environment, and efficient, appropriate tools. Due to the broadening scope and increasing complexities of surgery and of scientific and technical discoveries, as well as the shortage of professional personnel, the professional nurse must now be prepared to accept new responsibilities as a member of the hospital team. The members of the surgical team must have an understanding of the patient, knowledge of the disease and the anatomic, physiologic, and emotional factors involved, an awareness of the objectives and plan of treatment, and technical skill in applying the principles of medical asepsis. (1)

Alexander has also stated:

It must be emphasized that, to get the best result from a surgical operation, the surgeon and his assistants, the operating room nurse and the entire staff must work as a team. The team functions by a series of previously arranged tasks, which are based on fundamental principles, as well as experience. (1)

One operating room textbook is dedicated to:

those nurses who accept the tension and challenge of coordinated teamwork as they minister to the patient in the operating room. (2)

In the preface of this textbook the authors Berry and Kohn state that emphasis is placed upon meeting the psychological as well as the physical needs of the surgical patient. (2) Other operating room

nursing textbooks (23,28,29) have made their contributions to the operating room nurse's armamentarium, and have greatly assisted in the ever broadening scope of responsibilities.

One of the most vital problems facing the operating room nurse in a hospital with which a school of nursing is connected is that of student nurse education and the value of the operating room experience in the curriculum of the student nurse. In a lecture given at the sixth annual congress, Association of Operating Room Nurses, Houston, Texas, February 1959, Marilyn Maillian identified the problem more specifically by stating:

If nursing educators have conceived the idea that operating-room experience is unnecessary, it is because those of us engaged in the field have allowed them to do this through our retention of antiquated and seldom-changing teaching programs--programs which have not kept pace with nursing education elsewhere in the student's curriculum. (17)

Marilyn Maillian continued to report that Lillian Sholtis Brunner, in writing her article, "The Selection of Learning Experience in the Operating Room," sent a questionnaire to two hundred and twenty schools of nursing, all on the accredited list of the National League for Nursing in 1954. One half of the schools answered the questionnaire. The results were as follows:

To her first question, 'What is the chief objective of your course in operating room nursing?' 21 did not reply; 59 stated that the understanding of aseptic technic was their chief objective; 29 used a modifying phrase such as 'to understand aseptic technic and its application to basic procedure.' Only 25 stated objectives that focused attention on the role of the operating room in total patient care. (17)

Merlyn Maillian further stated:

Is not the above some proof that our teaching programs are antiquated and inadequate? In further analyzing the questionnaire, one finds that better than one half of our accredited schools (and this does not take into consideration the hundreds of other schools) stress the mastering of aseptic technic. It is more appalling to realize 'that fewer than one-fourth are stressing the function of the operating room insofar as patient experience is concerned.' Since learning experiences are selected by objectives of one's course outline is it any wonder that most courses stress operating room techniques and the mastering of the mechanics of scrubbing and circulating? (17)

In closing Merlyn Maillian stated:

Since our objective is patient-centered care, couldn't we call our course 'Operating-Room Nursing' and forget the word technique....

...If our students are to gain professionally from the learning experiences in the operating room, our teaching program must be patient-centered and student-centered and must be conducted by a clinical instructor in this specialty. (17)

Shirley L. Burt prepared a master's thesis at Catholic University of America in 1957, entitled Investigative Study of an Operating Room Clinical Experience Program in X Hospital School of Nursing. Her findings were summarized as follows:

Not all areas of experience used as part of students' experience program; considerable portion of students' total time spent in repetitive learning situations and activities not directly concerned with patient care; most of the personnel emphasized technical performance and therefore this portion of the study is invalid. (4)

Nurses in the field of operating room nursing education are well aware of the gravity of the situation. Much activity has recently been centered upon the formation of a new concept of operating room nursing. Operating room nurses themselves are keenly concerned with

the re-evaluation of the student nurse's operating room experience in view of the changing concepts.

One of the major conclusions which resulted from a series of several panel discussions held by operating room nurses in Houston, Texas and in Chicago, Illinois in 1959 was:

Operating-room experience should not be deleted from the students' curriculum. The big problem is: How can this experience be made more meaningful? Better teaching methods are necessary. Needless repetition should be avoided. (26)

Some comments during the panel discussions which may have aided in the formation of the preceding conclusion were made by Virginia M. Brantle, associate professor and chairman, department of medical and surgical nursing, University of Texas:

Actually, I think it would be a grave mistake for any educator today to say that we should delete operating-room experience from the student nurse's curriculum entirely. Much change has been going on in our curriculum, not only in operating-room experiences but throughout the curriculum. We have to look at some of the possibilities of rearranging experiences.

There is a great deal of concern about how much exposure is required of the student in any particular area. You just can't teach everything within the time allotted. It seems that each specialty grows more complicated each day.

I think we're beginning to realize in nursing education that we just keep adding on; we never take off. We've reached the point at which we have to look at our entire curriculum and see what are the most valuable experiences in each area for the student. But, I repeat, I don't believe that O.R. experience should be deleted. (26)

Another comment made during the panel discussions was voiced by Alice R. Clarke, Hilldale, New Jersey, to this effect:

If the teaching methods and supervision methods are improved, I believe the operating-room experience will be

improved, and we won't be saying 'either/or.' I think it was a mistake to reduce operating-room experience before we were able to improve teaching methods. Taking this step is something like a surgeon amputating an arm because he doesn't know how to apply less radical therapy. (26)

In the summation of the panel discussion Miss Clarke made the following statement:

We need to refocus our thinking, in the operating-room as well as in the rest of the student's curriculum --to think about 'student-centered teaching' for a while, knowing that this is not sacrificing patient-centered care; that in the educator's terminology, what is meaningful for the student also means what the student can grasp in this experience--what she can really understand.

I believe she has to have practical experience in scrubbing techniques in order to be able to understand. We know that she gets a much better understanding of anatomy and physiology while she's at the table. I think we could improve this understanding by letting her listen to what the surgeon is saying to the interns or to the residents and medical students who are also at the table for teaching purposes--and not have her so preoccupied with whether she's handing the needle-holder to him on the right hand if he's left-handed or on the left hand if he's right-handed. (26)

At a panel discussion which took place during the nurses' program at the sectional meeting of the American College of Surgeons, in St. Louis in March 1959, Edna E. Peterson, director of nurses, Jewish Hospital, St. Louis, made this statement:

Inspiring a student's interest in helping to save a patient's life through her contribution in the operating room is not related to 'number of scrubs,' 'number of hours,' or 'number of assistings.' The criticism that the spirit of nursing is lost should be recognized by educators as a criticism of their having failed to make the opportunity of nursing meaningful.

No educator can properly conduct an educational program for nurses unless she is willing to study the

dynamics that produce the stresses and strains students are subjected to—to give a little of that emotional support nurses are expected to supply endlessly to patients. The operating room is no exception. (7)

Miss Peterson further stated:

The answers depend on the kind of teaching program offered. It is not implied that students derive nothing from O.R. experience but that experience is enhanced if the student is accepted as a 'learner.' The question is not one of eliminating the experience from the curriculum, but rather one of how the student is supervised.

Not long ago, it was generally thought that night and relief duty for the student should be eliminated. Today, it is recognized that there are many different exposures present on the relief and night shifts, and the significant question is not when the student is on duty but how she is motivated and how she is supervised.

If the student is traumatized by a poor teaching experience and feels inadequate, she becomes defensive and a reluctant learner. (7)

To the above statement Dr. Carl W. Walter, associate professor of surgery, Harvard Medical School, Boston, replied:

So much is written of the 'gifted student' these days. Nursing educators would benefit by reading a few headline articles. The gifted student should be selected early and provided with teaching and experience so that she matures in her special area. In this way, the 'peculiar personality,' the surgeon, has an opportunity to meet nurses with compatible talents and potentialities. He is no longer burdened by clumsy, disinterested, frightened students and he loses the feeling of processing 'so many sardines' that must be canned every year. (7)

Miss Peterson's reply to Dr. Walter's comment was:

I agree with Dr. Walter. One trend in nursing education today is the building of programs and electives. The student who cannot function as a scrub nurse is certainly not lost to nursing, and it may be wise to remove her from the experience entirely when it is obvious she does not and never will belong in that experience. (7)

From the content of the preceding material it can be visualized that much discussion and interest centers around the nursing student and the operating room experience. Several studies have been done in this area of endeavor, none of which was available for review except in summary form. In 1958, at Catholic University of America, Helen Lipinski reported a study, Patterns of Clinical Instruction in the Operating Room for Nursing Students in Collegiate Schools of Nursing, in which sixty-six per cent of the collegiate schools fully accredited by the National League for Nurses participated. A summary of the findings is as follows:

Operating room experience planned as a unit of medical-surgical nursing, average experience six weeks; one grade given for theory and practice; credit given on semester or quarter basis; academic and professional courses at college or university taken concurrently with operating room experience; total nursing care given pre-operatively, operatively, and post-operatively, supervised by clinical instructors. (16)

At Boston University, 1956, Barbara D. Kurth completed a master's thesis, Exploratory Study to Determine a Method of Improving Operating Room Experience for Collegiate Students of Nursing. The only available summary of the findings of this study are as follows:

Data from operating room personnel show that principles of aseptic technique essential in an operating room learning experience can be developed in six weeks under certain conditions, continuous patient care seems to provide opportunity to acquire necessary concurrent and concomitant learnings; data from recovery room personnel substantiates findings and indicated students more cognizant of patients' needs; data from surgical ward agreed with findings of operating room and recovery room conclusions. (15)

In June 1956 Sister Anasthasia Valimont, under the direction of Loretta Heidgerken and Lucille Kinlein reported a completed study of

one student nurse entitled, Student's Evaluation of Her Experience in Operating Room Nursing. The summary of the findings of this study are reported as follows:

Student felt experience valuable, enjoyable, exciting, challenging, essential for thorough understanding of asepsis, helpful in developing team concept; suggested improvements include closer relationship between theory and practice, more opportunities to discuss problems and to relate experience to pre and post operative nursing care, longer time in operating room. (32)

Also under the direction of Loretta Heidgerken with Eileen Cox, Sister Justine Geckle, at Catholic University of America, in May 1957, completed a master's thesis entitled, Opinions of Senior Basic Nursing Students Regarding Learning Experiences in Operating Room. The summary of the findings are reported as follows:

Students believe experience in operating room nursing necessary and valuable, should be concurrent with medical and surgical nursing course; experience improves student's understanding of principles of aseptic technique, total nursing care of the surgical patient and human anatomy, and fosters development of self confidence, foresight, initiative, personal responsibility and ability to cooperate with others. (9)

There are other studies in nursing reported, which have to do with individual opinion of the participants. (14,30) These have some bearing upon this paper in that they, through individual statement of opinion present or evaluate an existing situation. William H. Burton, in The Guidance of Learning Activities, has stated:

Student participation not only improves evaluation but is the only way to achieve certain desirable learnings; to discriminate, to judge, to weigh evidence, to evaluate goals and methods used to achieve them. (5)

John Dale Russel has supported student evaluation by stating that the student is "a person with rights and privileges equal to the teacher."⁽²⁵⁾ Russel strongly emphasizes that instructors need to evaluate their own methods and procedures to correspond with a democratic philosophy.⁽²⁵⁾

In regard to student participation in the evaluation of teaching and learning, Loretta E. Heidgerken has said:

Nursing is a personal service. Basic to its practice is the need for sound understanding of the nature of human beings. Emphasis is continually being placed on the need of the nurse to understand human behavior at all age levels, from infancy to old age, in the presence or the absence of illness, so that she can give better nursing service to all who come under her care.

This concept of professional nursing makes it important for the nursing student to take not only courses in philosophy, psychology, dynamics of human behavior, growth and development but also to have an opportunity to practice the evaluation of behavior reactions and methods of group co-operation. It is not only possible but desirable--yes, even necessary--that the student be given an opportunity to study and analyze normal behavior reactions. One way this can be done is to provide occasions for the student to evaluate her teachers and herself in the various teaching-learning situations, such as the classroom, the laboratory and the clinical situation in the school of nursing. (13)

Not only should the nursing student be given the opportunity to evaluate "her teachers and herself in the various teaching-learning situations,"⁽¹³⁾ but the student nurse should be given the opportunity to be heard regarding the values of the various activities designed for that student as learning experiences. If the nursing instructor is to guide learning experiences and activities, that instructor must also attempt to evaluate the components of

those learning experiences and activities. One way to investigate the contribution of the experience in a learning situation is to investigate the value and meaningfulness of the experience with respect to the student and her goals and achievements.

In conclusion, the survey of literature and related studies indicates that:

1. The responsibilities of the operating room nurse are varied and complex and include administrative aspects as well as the need for promoting smooth interpersonnel relationships.
2. It was the consensus of several authorities that operating room experience should not be omitted from the student nurse's curriculum, nor should it be unduly abbreviated.
3. There is evident need for an investigation of methods to make the operating room experience more meaningful for the student nurse.
4. Student nurses should be given the opportunity to participate in the evaluation of the learning experiences in any given activity or situation.

CHAPTER III

DESIGN OF THE STUDY

Procedure:— This study was undertaken for the purpose of determining the opinions that a number of student nurses in the Oregon schools of nursing express concerning the relative value of activities commonly included in operating room experience. It is further proposed to ascertain from the participants:

1. Whether they think the operating room assignment should have consisted of "observation" rather than "active participation."
2. How long such an assignment should be.
3. Which experiences they have enjoyed most and least.
4. What experiences should be added or omitted.
5. In what ways operating room experiences have contributed to their preparation for professional nursing.

A list of two hundred activities which commonly comprise the student nurse assignment to the operating room experience was compiled through observation of student nurses in one operating room clinical setting. The available literature was searched for additional activities. The list was then reviewed by a panel of operating room

clinical instructors, supervisors of operating room and senior student nurses assigned for practice of operating room nursing. Following the review, pertinent suggestions were incorporated and the list was consolidated to one hundred activities which were arranged in logical groups, and to which were added seven open-end questions. A five point value scale was devised and a form set up to permit student response according to the participants' opinion of the value of the activity to her as a learner. The values ranged from: A--definitely highly valuable, every student nurse should have this experience; B--moderately valuable, most student nurses should have this experience; C--of some value, student nurses should have this experience if there is time, because it could be learned somewhere else; D--of little value, this could be omitted; and E--of no value at all, this could be definitely omitted.

Two additional columns were provided to ascertain whether or not the student had actually experienced the activity. It was recognized that students might have opinions concerning the value of activities they had not experienced as well as those that constituted their assignments. The arranged list of activities, the value scale, the columns for the availability of the activity, the seven open-end questions, and an instructional top sheet were then consolidated into a tool in the form of a questionnaire, and resubmitted to the panel of experts for suggestions regarding further improvement of the tool. The questionnaire was revised according to the suggestions and tested by pilot study upon a group of student nurses who were not to participate in the study, and who were asked for further suggestions for

improvement of the tool. Since the pilot study indicated that the tool was understandable, meaningful, pertinent, and since the response seemed to indicate some trends, the conclusion was reached that the questionnaire was usable and no further changes were made. A copy of the questionnaire has been inserted in the report as Appendix A.

The next step consisted of setting up the procedures for data collection. Communications were sent to each of the seven schools of nursing in Oregon, requesting permission to administer the questionnaire check list to students who had completed their operating room experiences within three months prior to June 1960 (sample covering letter, Appendix B).

A simple interview guide (Appendix C) was devised for obtaining information from the operating room clinical instructor about the individual operating room assignments, at the time that the questionnaire check list was administered. The appointment schedule for visits to each school was developed.

One of the schools of nursing actually is located in the State of Washington but utilizes clinical facilities in Oregon hospitals, hence, this school was included in this study. Three of the schools are conducted by institutions of higher learning which grant a baccalaureate degree at the completion of the nursing program. Each of the other four schools are an integral part of a hospital and are designated as diploma schools. Throughout this report the schools are identified only by arbitrarily assigned Roman numerals. Table I presents the design for the identification of the individual schools

of nursing, the number of participants from each school of nursing and the design for the numbering of the individual participant questionnaires.

Table 1. Design for identification of individual schools of nursing, number of participants from each school and numbering of individual participant answered questionnaires.

School Number	Participants in the Study	Individual Questionnaires
I	4	101-104
II	11	201-211
III	10	301-310
IV	7	401-407
V	17	501-517
VI	2	601-602
VII	13	701-713
Totals VII	64	64

The investigator personally administered the questionnaires to each group of student nurses, a total of 64 participants. The responses of the first group of students to participate in the study were examined by one clinical instructor and one operating room supervisor as a final check on the usability of the data collecting tool. It was their consensus that the study should proceed. The remaining six groups completed the questionnaire according to the schedule of visits.

The information obtained by interview is summarized for each participating school of nursing in Appendix D. Figures 1 through 5 present, in graphic form, the information obtained from each school of nursing during the interview.

At the time of the study, the schools varied in size from 78 to 200 students as shown in Figure 1.

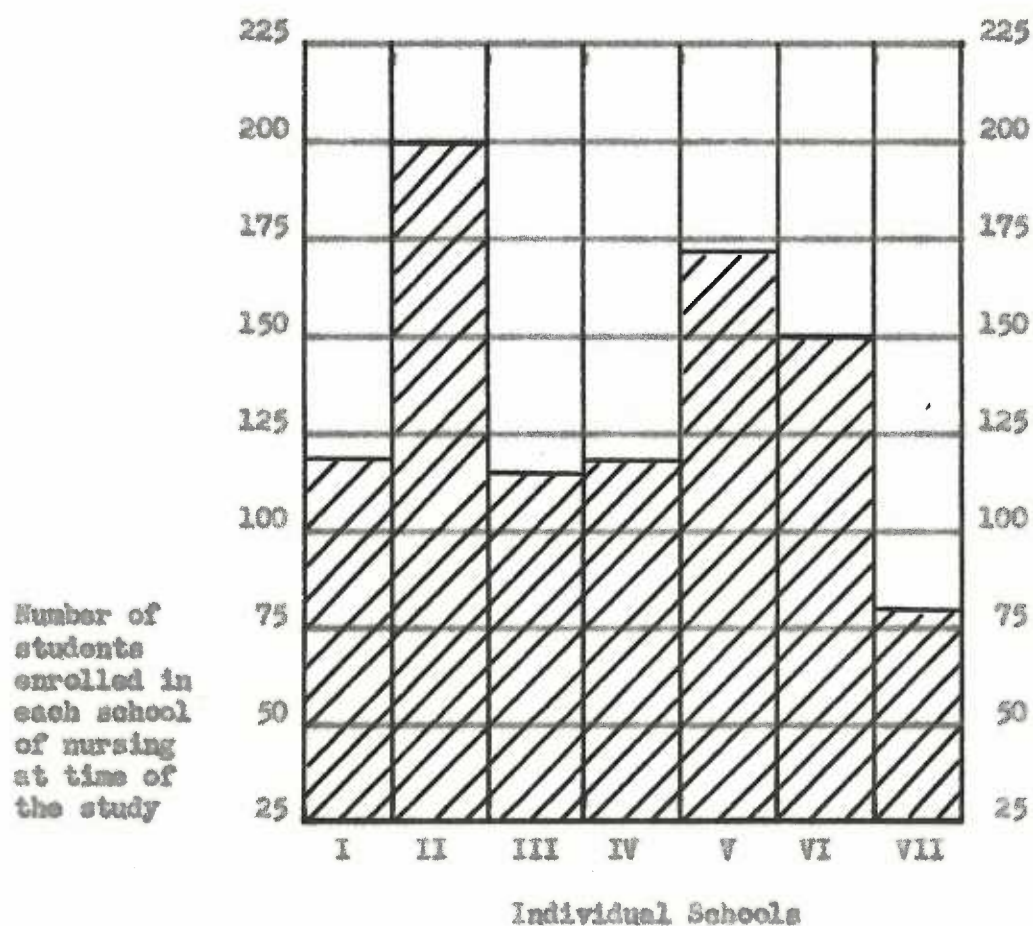


Figure 1. Enrollment of Student Nurses in the Participating Schools of Nursing at Time of the Study.

The schools varied considerably in the number of students who were assigned to the Operating Room rotation at one time as shown in Figure 2.

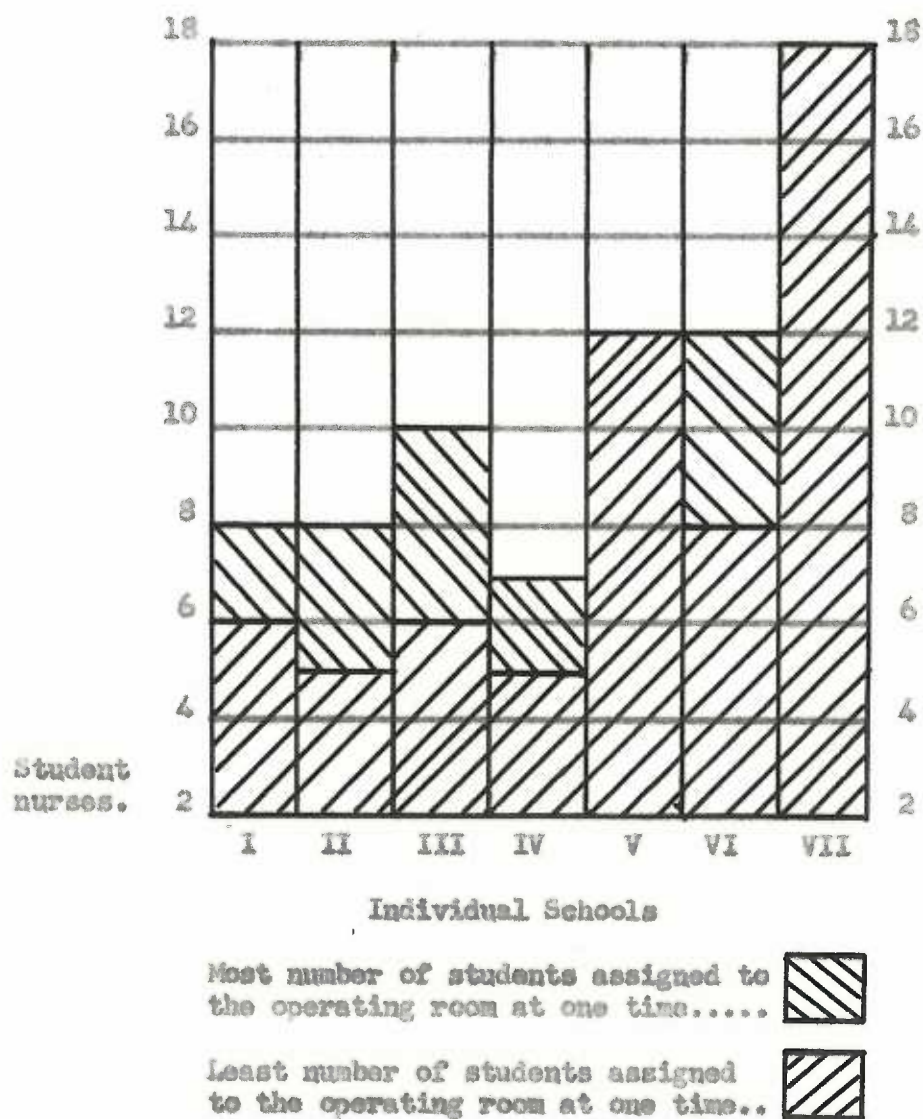


Figure 2. Numbers of Student Nurses Usually Assigned to Operating Room Rotation at One Time in Each Participating School of Nursing.

Some variation existed also in the number of weeks which constituted the length of the student nurse assignment to the operating room.

This is shown in Figure 3.

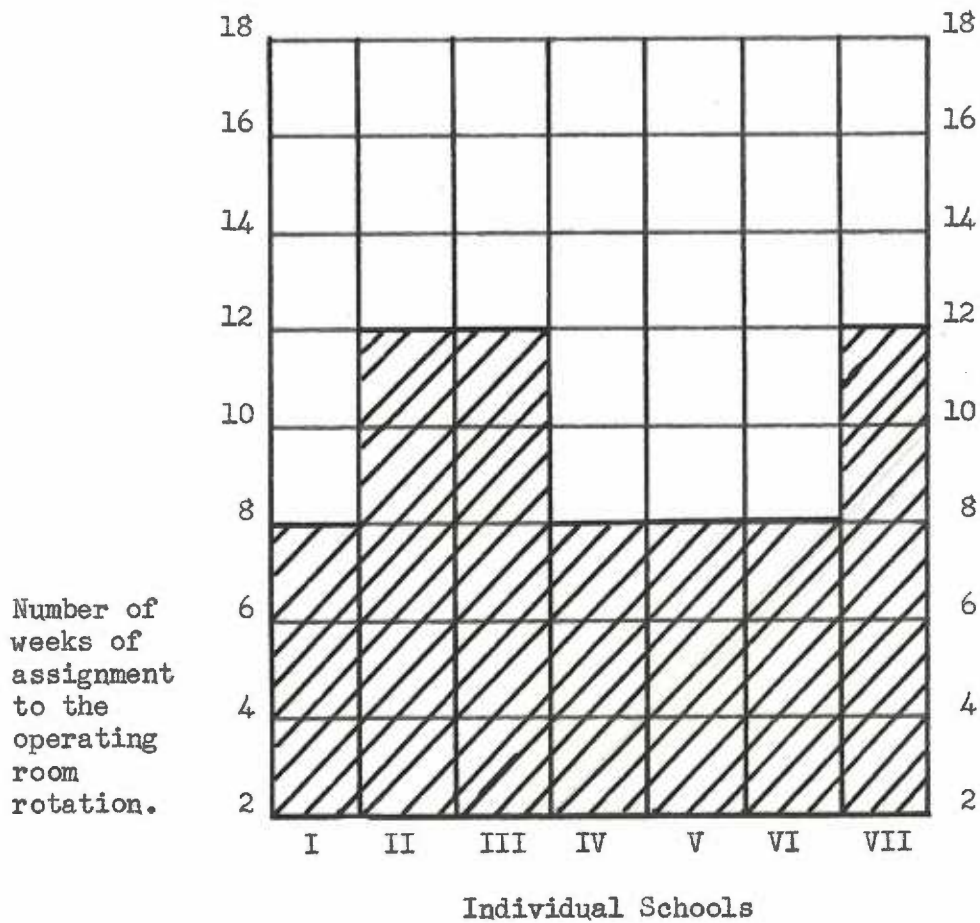


Figure 3. Length of Time in Weeks of the Student Nurse Operating Room Assignments in Each Participating School of Nursing.

The hours of planned instruction varied from 12 in one school to 34 in another. No attempt was made to ascertain the amount of individual and incidental instruction which inevitably accompanies student experience in the operating room. Figure 4 shows the number of hours of instruction included in the rotation, operating room nursing, assigned to student nurses in each of the participating schools of nursing.

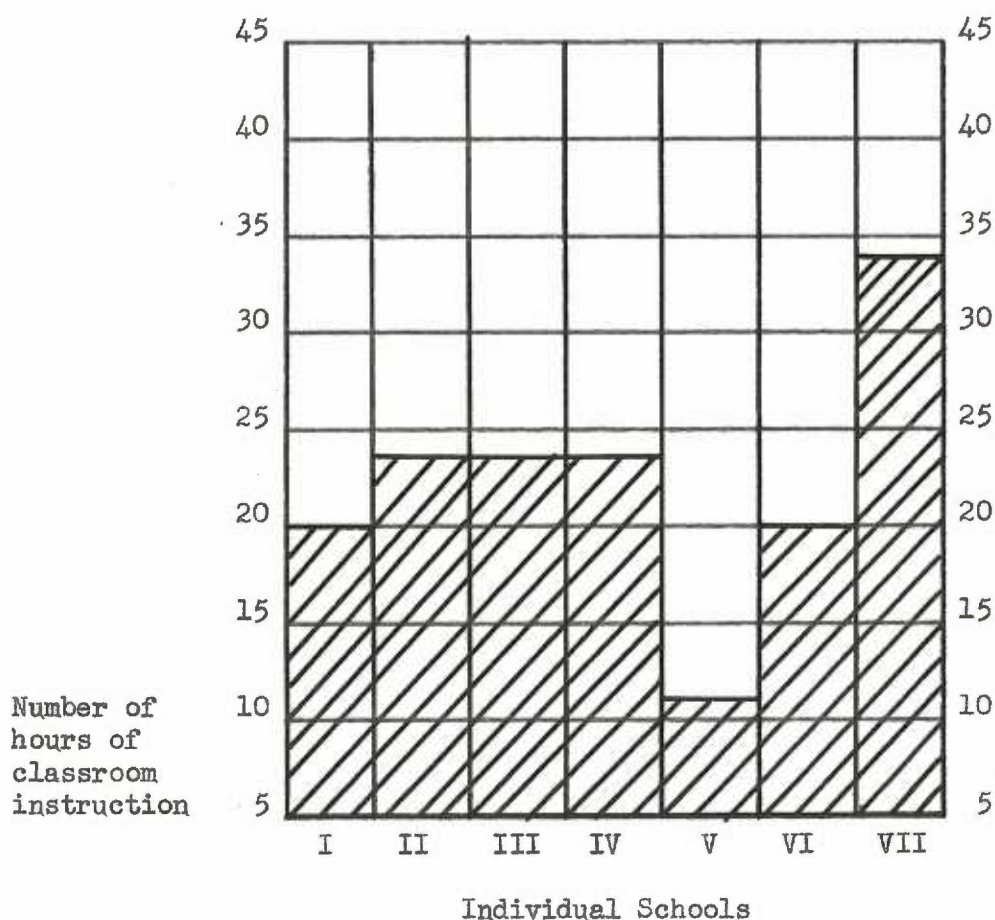


Figure 4. Number of Hours of Classroom Instruction Included in the Rotation, Operating Room Nursing, in Each of the Participating Schools of Nursing.

The hours of practice per week vary from 15 in one school to 40 in another as shown in Figure 5.

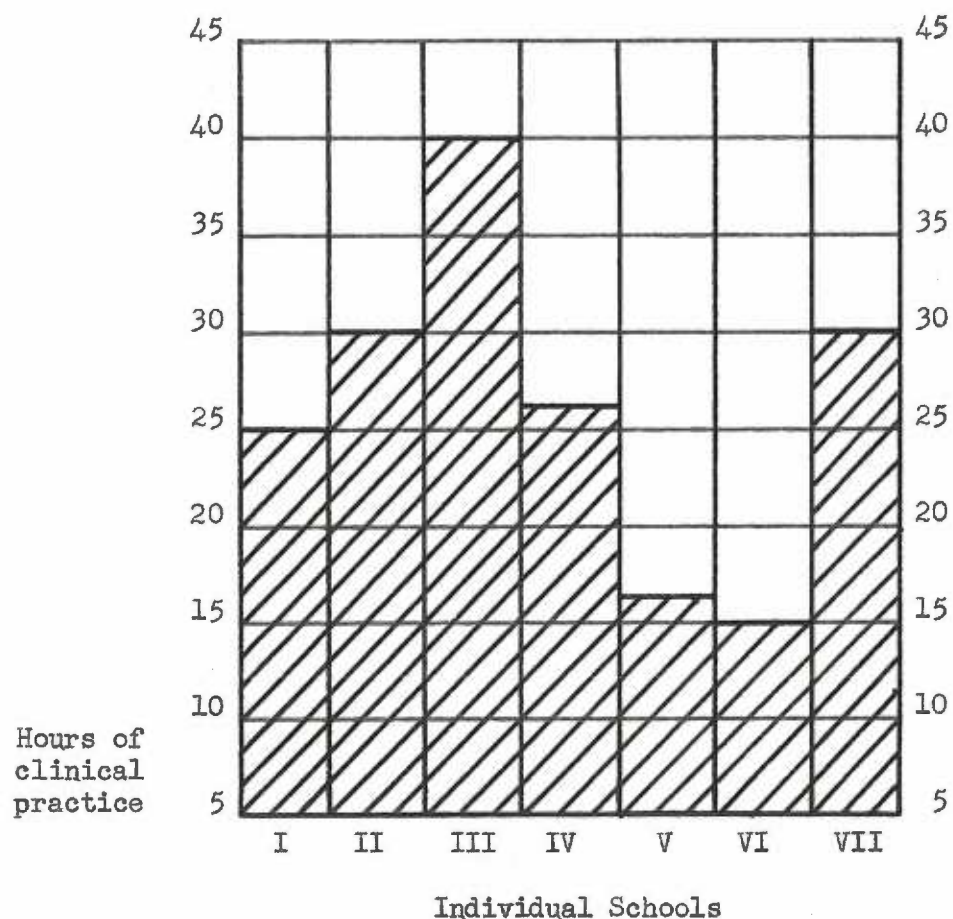


Figure 5. Number of Hours Per Week of Operating Room Clinical Practice Assigned to Student Nurses in Each Participating School of Nursing.

The collected data were processed by means of key sort cards. These were punched, electronically sorted, tabulated and totalled on a tabulator which produced a permanent copy of the results. A sample sheet of the tabulator results is included in this study in Appendix E. The four main questionnaire categories as well as the ten sub-divisions were assigned a number on the key punch cards and punched accordingly. The yes, no, answers and the five value scale columns were assigned spaces on the key punch cards and were number punched on each card for each individual participant answer. With this processing it was possible to trace the origin of each punch card and to identify it with the original participant's answer.

During the key punching, and before the electronic sorting and at various stages of the tabulation, spot checks were taken of the punched cards to verify authenticity. On the final tabulation only two punched cards were found to have failed to record in the results. These two cards were isolated and it was discovered that they had not been punched for the individual answers in the initial punching process. These were cross checked with the original questionnaires and the answers added to the tabulation sheet by hand. The final results of the tabulator were again cross checked with the original questionnaires and no evidence of further error was found. The tabulated answers were transcribed to per cent readings, and appear in Table 2. The per cent transcription sheet appears in Appendix F. Table 3 presents the operating room experiences in rank order by per cent of participant

answers have had the experience, A, definitely highly valuable.

Table 2. Per cent results of the responses made by sixty-four student nurses to the questionnaire items regarding their opinions of the value of operating room experience(s).

ACTIVITIES RELATED TO THE PATIENT

		Per Cent									
		VALUE OF THE EXPERIENCE									
		A		B		C		D		E	
		Have		or have not		had the		experience			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
I. <u>DIRECT PATIENT CARE:</u>											
A. <u>Pre-operative:</u>											
1. Observing patient's feelings toward surgery	*84			11	2	3					
2. Observing patient's feelings toward anesthesia	69			27		5					
3. Offering patient support before surgery	88	2		9		2					
4. Additions:											
B. <u>Anesthesia:</u>											
5. Observing methods of anesthesia administration	53			33		13		2			
6. Observing methods of supporting patient airway	84			11		5					
7. Observing control of patient respiration	68			22	2	5	3	2			
8. Observing support of patient circulation	39	3		22		9	3	2			
9. Observing signs of anesthesia	41	3		33		17	3				
10. Observing stages of anesthesia	41	27		2		22	5	2			
11. Additions:											

* This table should be interpreted as follows: eighty-four per cent of the respondents indicated that they had had this experience and that they considered it definitely highly valuable.

Table 2. (continued)

ACTIVITIES RELATED TO PERSONNEL		Per Cent									
		VALUE OF THE EXPERIENCE									
		A		B		C		D		E	
		Have or have not had the experience									
III. BEING A MEMBER OF THE TEAM:		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
A. Behavior:											
76. Getting along with others	92		3		5						
77. Observing myself in a stressful situation	92		5		3						
78. Accepting criticism	92		8								
79. Taking the blame for my own mistakes	94		3		2						
80. Developing a tolerance for others' viewpoints	86		8		2						
81. Meeting an emergency or trying situation	89	5	3		2						
82. Accepting the behavior of others	89		6		5						
83. Changing methods of procedure with ease	80	5	11		2	2					
84. Adjusting rapidly to new situations	84	2	11		3						
85. Accepting responsibility	91	5			2	2					
86. Noting changes in behavior of others	70	19			11						
87. Noting changes in situations	78	3	13		6						
88. Learning to work rapidly yet correctly	91	6	2		2						
89. Seeing that behavior is caused	69	2	19		6						
90. Recognizing my limitations	89		11								
91. Gaining confidence in myself	86	5	5								
92. Learning to be prompt	92		6								
93. Learning to keep a confidence	89	2	5		3	2					
94. Learning to be tactful	91		6	2		2					
95. Learning to be cooperative	92		2		6						
96. Learning to better understand myself	84		11		5						
97. Acquiring a greater understanding of what to teach the patient	86	3	11								

Table 3. Operating room experiences presented in rank order by per cent of responses of participants who have had the experience and rated it definitely highly valuable.

Rank Order	Operating Room Learning Experience	Per Cent Rated by Students	Questionnaire Experience Number
1.	Maintaining Asepsis	98	44
2.	Learning Aseptic technique	94	74
3.	Scrubbing hands and arms	94	47
4.	Sterile gowning and gloving	94	48
5.	Taking the blame for my own mistakes	94	79
6.	Anticipating the Doctor's needs	92	56
7.	Getting along with others	92	76
8.	Observing myself in a stressful situation	92	77
9.	Accepting criticism	92	78
10.	Learning to be prompt	92	92
11.	Learning to be cooperative	92	95
12.	Accepting responsibility	91	85
13.	Learning to work rapidly yet correctly	91	88
14.	Learning to be tactful	91	94
15.	Meeting an emergency or trying situation	89	81
16.	Accepting the behavior of others	89	82
17.	Recognizing my limitations	89	90
18.	Learning to keep a confidence	89	93
19.	Offering patient support before surgery	88	3
20.	Observing methods of hemostasis	88	12
21.	Identification of solutions and medications	88	31
22.	Developing a tolerance for others' viewpoints	86	80
23.	Gaining confidence in myself	86	91
24.	Acquiring a greater understanding of what to teach the patient	86	97
25.	Observing patient's feelings toward surgery	84	1
26.	Observing methods of supporting patient airway	84	6
27.	Avoiding careless conversation	84	30
28.	Checking the identity of the patient	84	33

Table 3. (continued)

Rank Order	Operating Room Learning Experience	Per Cent Rated by Students	Questionnaire Experience Number
29.	Preparing the sterile tables	84	49
30.	Adjusting rapidly to new situations	84	84
31.	Learning to better understand myself	84	96
32.	Acquiring a greater understanding of others	84	99
33.	Opening sterile packages	83	62
34.	Identifying human anatomy	81	14
35.	Observing causes of "shock"	80	28
36.	Changing methods of procedure with ease	80	83
37.	Checking the operative permit	78	32
38.	Watching for explosion hazards	78	39
39.	Noting changes in situations	78	87
40.	Observing respect for human tissue	77	15
41.	Positioning the patient	77	24
42.	Observing actions of medications on patients	75	25
43.	Protecting the patient from falling	75	36
44.	Watching the surgical operation	75	57
45.	Anticipating the needs of the team	73	67
46.	Protecting the patient from burns	70	37
47.	Noting changes in behavior of others	70	86
48.	Observing patient's feelings toward anesthesia	69	2
49.	Observing others in a stressful situation	69	98
50.	Checking fluids and blood transfusions	69	41
51.	Seeing that behavior is caused	69	89
52.	Observing control of patient respiration	68	7
53.	Observing respiratory obstruction	67	23
54.	Draping the patient	67	52

Table 3. (continued)

Rank Order	Operating Room Learning Experience	Per Cent Rated by Students	Questionnaire Experience Number
55.	Assisting the "scrubbed" team	67	63
56.	Watching for electrocution hazards	67	40
57.	Sterilizing needed instruments	67	66
58.	Learning names of surgical procedures	67	69
59.	Learning to apply a dressing	67	73
60.	Observing application of dressings	64	20
61.	Presenting instruments to the Doctor	64	54
62.	Checking the identity of the patient	63	34
63.	Preparing suture materials	63	52
64.	Counting sponges	63	59
65.	Disinfection of the skin	61	43
66.	Pouring sterile solutions and water	61	65
67.	Charting medications and completing records	58	21
68.	Identifying and labeling specimens	58	45
69.	Learning the names and uses of instruments	58	101
70.	Preparing the operative area	56	42
71.	Presenting "sponges" to the Doctor	56	56
72.	Application of the knee strap	55	35
73.	Presenting suture materials	55	58
74.	Observing methods of anesthesia administration	53	5
75.	Learning methods of surgical procedures	53	70
76.	Assisting the team members to gown and glove	48	53
77.	Preparing the room for the patient	48	61
78.	Observing placement of drains	47	18
79.	Wearing conductive footwear	47	38
80.	Preparing and positioning the instruments	43	50
81.	Observing signs of anesthesia	41	9
82.	Observing stages of anesthesia	41	10
83.	Observing support of patient circulation	39	8

Table 3. (concluded)

Rank Order	Operating Room Learning Experience	Per Cent Rated by Students	Questionnaire Experience Number
84.	Learning techniques of surgical procedures	39	71
85.	Observing the initial incision	34	13
86.	Observing methods of suturing	34	16
87.	Arranging for the next pre-medication	33	22
88.	Observing laryngospasm	33	26
89.	Learning to apply a tourniquet	33	72
90.	Positioning equipment and furniture	30	68
91.	Setting up instrument trays	28	102
92.	Cleaning instruments	27	103
93.	Observing methods of dissection	23	17
94.	Observing cardiac arrest	19	28
95.	Learning to use pressure sensitive tape	17	105
96.	Wrapping instruments	16	104
97.	Weighing sponges	8	61
98.	Folding drapes and linen	6	107
99.	Checking linens for mending and lint	2	109
100.	Wrapping packs	0	108

During the recording of the master tabulation sheet, a set of summary cards was punched as to questionnaire category and sub-division with their respectively totalled answers. These cards were machine tabulated and recorded. A sample of the permanent copy of this summary, tabulator-totalled sheet appears in Appendix G. From this sheet was developed the average rating scale.

A numerical value of 5,4,3,2,1, was assigned to the value scale of A,B,C,D,E, and thus an average rating was derived for each major category and sub-division of the questionnaire, as shown in figure 6. The average rating was confined solely to the values indicated by participants who responded they had had the experience.

Responses of sixty-four participants who replied, have had the experience and rated the experience as to value are presented in a questionnaire category and sub-division average rating figure 6.

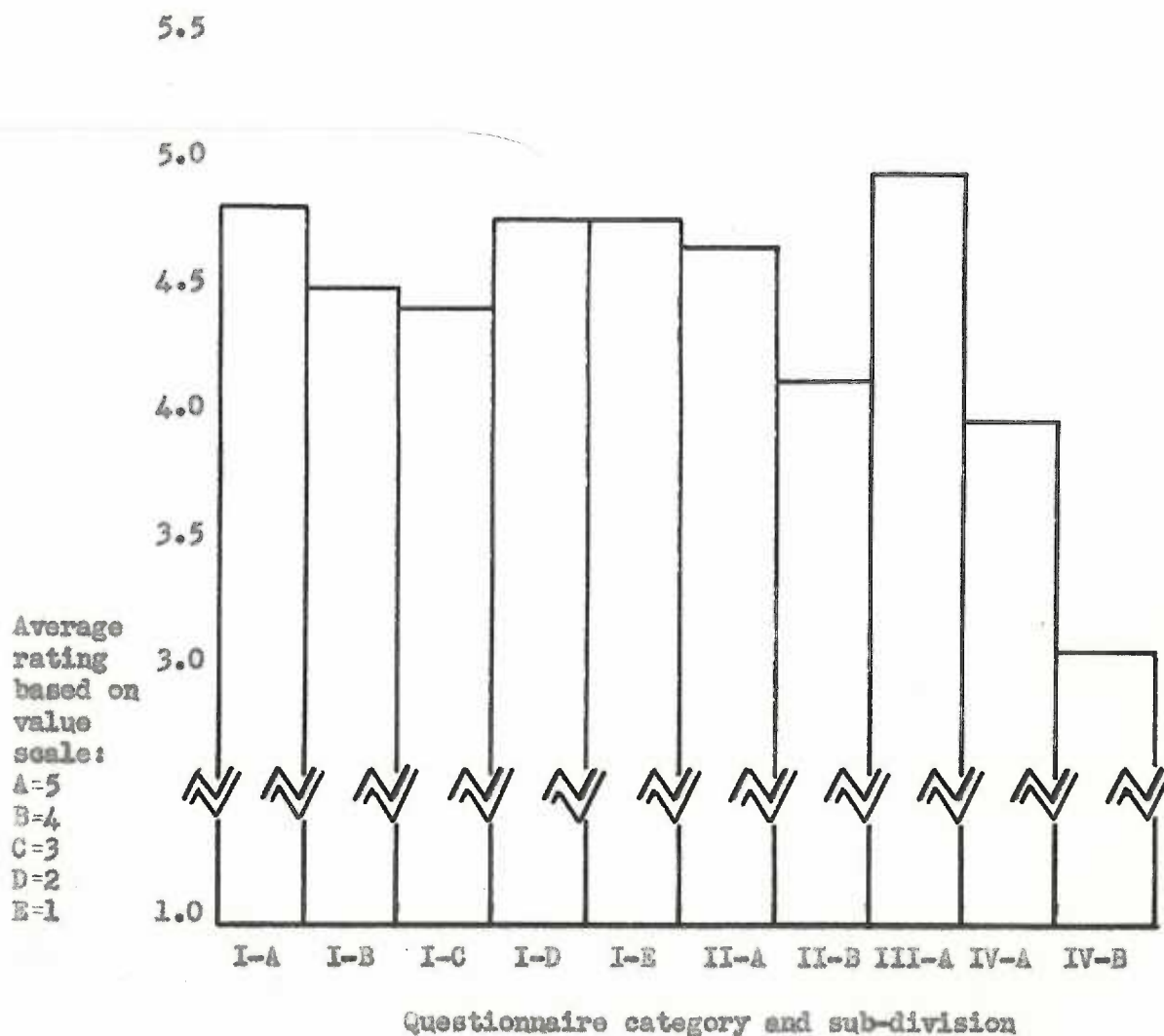


Figure 6. Average Rating of Questionnaire Category and Sub-division Based on Value Ratings of Participants Who Indicated Have Had the Experience. (N 64)

Seven open-end questions were appended. These questions were designed to ascertain the participants' opinions concerning:

1. Whether the operating room assignment should have consisted of "observation" rather than "active participation".
2. How long such an assignment should be.
3. and 4. Which experiences they have enjoyed most or least.
5. and 6. What experiences should be added or omitted.
7. In what ways operating room experiences have contributed to their preparation for professional nursing.

The responses to the open-end questions were processed by content analysis. Identical phrases appearing in the verbatim responses were totalled. The findings of the open-end question content analyses are summarized in Tables 4 through 10. The verbatim responses to the seven open-end questions are presented, unedited, in Appendix I, in sequence of participant answer and identified by the Roman numerals of the individual schools of nursing.

Table 4. Content analysis of responses made by sixty-four student nurses to the question: "Could you have gained enough information of the operating room if you had only observed these learning experiences and not actively participated in them?" "Why?"

Responses to participation is necessary because:	Number of times phrase appeared
Have to do things to understand a practice or procedure, learn by doing	25
Experience is needed, to have the experience	16
Participation in the situation is needed	15
Get the feel of the situation; confidence in the situation and in self to participate	10
Experience the teamwork or become a part of the team	8
Without practical experience you would not understand	4
Actual or practical application or taking part	2
is necessary	2

Findings: Ninety-seven per cent of the participants responded that in their opinion they could not have gained enough information of the operating room if they had only "observed" the experiences and not "actively participated." Three per cent responded that they could have learned enough by "observation," but qualified their answers by stating that "participation had made the experience more memorable." It is quite evident that the respondents favored "active participation" rather than an "observation" type of experience.

Table 5. Responses made by sixty-four student nurses to the question: "For how long do you think student nurses should be assigned to operating room experience?"

Participants' School of Nursing		Participant Responses in Weeks			
		2 - 4	4 - 6	6 - 8	more than 8
School number	I			3	1
School number	II			1	10
School number	III		1	3	6
School number	IV			2	5
School number	V			5	12
School number	VI			1	1
School number	VII			3	10
TOTAL			1	18	45
			1%	29%	70%

Findings: Seventy per cent of the participants indicated that in their opinion student nurses should be assigned to operating room experience for a length of time to exceed eight weeks.

Twenty-nine per cent responded that student nurses should be assigned to operating room experience for a length of time from six to eight weeks.

One per cent stated that four to six weeks operating room experience would be sufficient.

It is, of course, impossible to ascertain how much the students' opinions have been influenced by their own experiences. To illustrate, in school II, ten out of eleven students expressed their opinion that more than eight weeks should be devoted to the operating room assignment; these students had had a twelve week assignment. Refer to Figure 3, page 29, for the length of assignment in each school of nursing.

Table 6. Content analysis of responses of sixty-four student nurses to the question: "What experience(s) in the operating room have you enjoyed most?" "Why?"

Experience	Number of times phrase appeared
Scrub nurse or scrubbing	50
Assisting the Doctor or Surgeon or working with the Doctor or Surgeon	31
Being a part of a team or functioning in a team or teamwork.	23
To understand or understanding the patient	13
To see and or learn anatomy . . .	8
Circulating nurse activities . . .	7
On call	3
Major surgery and emergency situations	2

Findings: These findings are definitely consistent with the responses for question one. Ninety-seven per cent of the participants were positive in their opinion that actual participation was essential in their assignment to the operating room. It can be noted above that the items enjoyed most were those in which the nurse would be an active participant in the patient care team.

Table 7. Content analysis of responses of sixty-four student nurses to the question: "What experience(s) in the operating room have you enjoyed least?"

Experience	Number of times phrase appeared
Folding linen and linen room	16
Cleaning rooms	7
Circulating	6
Checking and filling supplies	5
Urological surgery	3
Tension	3
Repetition	3
Cleaning instruments	2
Evening duties and being on call	2
Powdering and wrapping gloves	1

Findings: In contrast to the responses to question 3, the items indicated by question 4 are few. It might almost be assumed that the respondents had had very few experiences that they did not enjoy. It can be noted, however, that the majority of items which students indicated they did not enjoy might be classed as housekeeping which might have little educational value at this time.

Table 8. Content analysis of responses of sixty-four student nurses to the question: "What experience(s) would you add to the operating room nursing course?"

Experience	Number of times phrase appeared
None	16
More experience	12
More time	7
More circulating nurse experience	4
Recovery room	4
More heart and lung surgery	4
Review anesthesia	2
More orthopedics	2
Weekly conferences	2
Course on human relations	1
Follow patient from admission to recovery	1
Review anatomy	1
Having surgery performed on self	1

Findings: These responses would seem to indicate that the student nurses were satisfied with the status quo or that they would like more experience but are unable to identify the nature of such. A request for more time would not necessarily imply more experience; it could simply mean that more time would be allotted to their present assignments. The specific items were, "more circulating nurse experience," "recovery room," "more heart and lung surgery," "orthopedics," "weekly conferences," and "course on human relations"; "follow the patient from admission to recovery," "review anatomy," and "having surgery performed on self." In question 4, six responses indicated that they did not enjoy the experience of circulating nurse, but in question 5, there are four requests to add more of such experience.

Table 9. Content analysis of responses of sixty-four student nurses to the question: "What experience(s) would you omit from the operating room nursing course?"

Experiences	Number of times phrase appeared
Do not omit anything	23
Linen room	5
All experiences are necessary . . .	4
Less time cleaning	3
Less time in recovery room	3
Omit recovery room	2
Less time on "preps"	2
Omit "preps"	2
Shorter amount of "T & A's"	2

Findings:

As in question 5, the responses would appear to indicate that most of the student nurses neither want to add or omit experiences already in their operating room assignments. It must be recognized that these students have had no other operating room assignment and hence may not feel that they have a sound basis for expressing opinions of this nature. It is interesting to note that in question 5, there were four requests to add "recovery room," whereas in question 6, there are three comments regarding, "less time in the recovery room," and two suggestions to omit recovery room.

Table 10. Content analysis of responses of sixty-four student nurses to the question, "Do you think operating room experience has contributed toward your preparation for professional nursing?" "How?"

Contribution	Number of times phrase appeared
Patient understanding or to see and understand what is going to happen to the patient; Understanding of how to care for the patient and what to tell the patient; Understanding of patient's feelings about surgery	50
Team work, learning to work with a team, learning to work with others, getting along with others, learning to work with the doctor, anticipating the needs of others	30
Understanding of asepsis, sterile technique	29
Understanding of pre-operative and post-operative nursing care; get the full picture of nursing	24
Self-confidence, more confidence in ability, more confidence to answer questions of others and the patient	21
Appreciation, responsibility, accept criticism, develop organizational ability	15
Learning to work in a stress situation	15
Understanding of anatomy and physiology	14

Findings:

Ninety-four per cent of the participants responded that they thought the operating room experience had contributed toward their preparation for professional nursing. Six per cent of the participants did not respond in the affirmative, but did list reasons why operating room had contributed toward their preparation for professional nursing. These student nurses must either have intended to reply in the affirmative or else they were contradicting themselves.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was made to determine the opinions sixty-four student nurses in the seven schools of nursing in the State of Oregon express concerning the relative value of activities commonly included in operating room experience and to ascertain from the participants the following:

1. Whether they think the operating room assignment should have consisted of "observation" rather than "active participation."
2. How long such an assignment should be.
3. Which experiences they have enjoyed most and least.
4. What experiences should be added or omitted.
5. In what ways operating room experiences have contributed to their preparation for professional nursing.

A check list questionnaire, consisting of yes and no columns to indicate whether or not the respondent had experienced the activity, a five point value scale for rating the experiences common to operating room assignments plus seven open-end questions, was administered to sixty-four student nurses enrolled in the seven schools of nursing in Oregon.

The responses were machine tabulated. A rank order scale of the individual experiences participants indicated they had had and were in their opinion, "definitely highly valuable," was constructed. An average rating scale of the questionnaire categories and sub-divisions was constructed by assigning numerical values of 5,4,3,2,1, to the A,B,C,D,E, ratings of the value scale, multiplying the numerical value obtained by the number of participant value responses, then dividing the sum of the scores by the total number of participant affirmative and rated responses in each sub-division.

Conclusions

On the basis of the rank order distribution of responses and the average rating scale, it is evident that, in the opinion of the participants who had had the experiences, most of them are definitely of high value. Even students who had not had some of the experiences, rated them highly. Those experiences which were rated of low value are largely in the area of housekeeping or routine activities.

Since this study is based upon the opinions of only sixty-four students in seven schools of nursing, no wide spread generalizations can be drawn from the findings. The very high per cent of agreement among the participants could be significant or could be the result of two circumstances:

1. The participants have had their own operating room experiences limited solely to those designed by their own schools of nursing, hence have no basis for contrast. They may have been expressing their satisfactions or dissatisfactions with their own experiences rather than opinions of value.

2. Despite repeated attempts to avoid bias, the tool may have been so constructed as to elicit a high per cent of favorable responses.

The areas in which there was high agreement that the experience was highly valuable were as follows:

1. Being a member of a team.
2. Direct patient care, pre-operative.
3. Direct patient care, safety measures.
4. Direct patient care, post-operative.
5. Indirect patient care, scrub nurse.

The areas in which there was no consistency of agreement as to value were as follows:

1. Direct patient care, anesthesia.
2. Direct patient care, operative.
3. Indirect patient care, circulating nurse.

The areas in which there was high agreement that the experience was of low value were as follows:

1. Departmental, instrument room.
2. Departmental, linen room.

Content analysis of the open-end questions revealed that the sixty-four participants held the following opinions:

1. That "active participation" was preferred to an "observation" type of experience.
2. That the operating room assignment should exceed eight weeks. (see Table 3)

3. That the experiences enjoyed most were those in which the student nurse would be an active participant in the patient-care team.
4. That the experiences which the student nurses did not enjoy were those which took them out of contact with the patient-care team and placed them in activities which might be classed as housekeeping.
5. That the student nurses were satisfied with the operating room assignment and would add nothing more than "more experience" and "time," and omit none of the experiences which deal with the active participation in the surgical, patient-care team.
6. That the operating room experience had contributed toward the preparation for professional nursing of these student nurses by contributing to the development of their understanding of the following: Patient care, what is going to happen to the patient, and what to tell the patient, teamwork and of learning to work with others. The experience was designated as one that helped to establish confidence in self ability.

It was hypothesized that there would be elements of agreement and of identifiable differences in the opinions student nurses express concerning the relative values of the experiences commonly included in operating room assignments. The findings have indicated that among the participants there is a high degree of agreement, but that the

differences could be identified.

The open-end questions yielded responses that reflected more diversified opinions than in the main tool. However, the content analyses did not reveal as much diversity as had been anticipated when the questions were devised.

Recommendations for Further Studies

1. A repetition of this study on a larger scale is recommended for the purpose of comparison of the findings.
2. A study might be indicated which would consist of examining faculty members of schools of nursing regarding their opinions of values of operating room experiences for student nurses.
3. A similar study might be developed involving surgeons as the participants: What values do surgeons feel operating room experiences have toward the development of professional nurse competence?

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APPENDIX A
QUESTIONNAIRE

To The Student Nurse:

This check list questionnaire is being administered to one group of student nurses in each School of Nursing in Oregon. The responses will be anonymous. The answers will be seen by no one in your school. You may feel free to be as frank as you wish with your answers.

This study is being done to determine how valuable you think your Operating Room learning experiences were to you in preparation for your future as a professional nurse.

The researcher is interested in answering these two questions:

1. What opinions do student nurses hold concerning the value of their learning experiences in the Operating Room?
2. What learning experiences in Operating Room Nursing do student nurses consider as most valuable to their future as professional nurses?

Directions for completing the checklist questionnaire:

A list of commonly assigned Operating Room learning experiences has been compiled. At the end of each group, spaces have been left for additional experiences which you may believe should be included.

Opposite each item there are seven columns. The first two columns are designed to find out if you did or did not have the experience. Place an X in the appropriate space.

The columns lettered A, B, C, D, E, are set up to permit you to indicate how valuable you think each of these experiences to be. Place an X in the appropriate space and rate the experiences using the following key:

APPENDIX A (continued)

VALUE KEY:Should mean:

Square A. Definitely highly valuable. Every student nurse should have this learning experience.

Square B. Moderately valuable. Most student nurses should have this learning experience.

Square C. Of some value. Student nurses should have this learning experience if there is time. (It could be learned somewhere else.)

Square D. Of little value. This could be omitted.

Square E. Of no value at all. This should definitely be omitted.

Have had the experience		Value of the experience				
YES	NO	A	B	C	D	E
X		X				
	X		X			
				X		
					X	
						X

APPENDIX A (continued)

OPERATING ROOM LEARNING EXPERIENCES

ACTIVITIES RELATED TO THE PATIENT

I. <u>DIRECT PATIENT CARE:</u>	Have had the experience		Value of the experience				
	YES	NO	A	B	C	D	E
A. <u>Pre-operative:</u>							
1. Observing patient's feelings toward surgery							
2. Observing patient's feelings toward anesthesia							
3. Offering patient support before surgery							
4. Additions:							
B. <u>Anesthesia:</u>							
5. Observing methods of anesthesia administration							
6. Observing methods of supporting patient airway							
7. Observing control of patient respiration							
8. Observing support of patient circulation							
9. Observing signs of anesthesia							
10. Observing stages of anesthesia							
11. Additions:							
C. <u>Operative:</u>							
12. Observing methods of hemostasis							
13. Observing the initial incision							
14. Identifying human anatomy							
15. Observing respect for human tissue							
16. Observing methods of suturing							
17. Observing methods of dissection							
18. Observing placement of drains							
19. Additions:							

APPENDIX A (continued)

D. Post-operative:

20. Observing application of dressings
21. Charting medications and completing records
22. Arranging for the next pre-medication
23. Observing respiratory obstruction
24. Positioning of the patient
25. Observing actions of medications on patient
26. Observing laryngospasm
27. Observing causes of "shock"
28. Observing cardiac arrest

29. Additions:

Safety Measures and Legal Aspects:

30. Avoiding careless conversation
31. Identifications of solutions and medications
32. Checking the operative permit
33. Checking the identity of the patient
34. Checking the identity of the operative site
35. Application of the knee strap
36. Protecting the patient from falling
37. Protecting the patient from burns
38. Wearing conductive footwear
39. Watching for explosion hazards
40. Watching for electrocution hazards
41. Checking fluids and blood transfusions
42. Preparing the operative area
43. Disinfection of the skin
44. Maintaining asepsis
45. Identifying and labeling of specimens

46. Additions:

[illegible]

APPENDIX A (continued)

	Have had the experience		Value of the experience				
	YES	NO	A	B	C	D	E
74. Learning aseptic technique							
75. Additions:							
<u>ACTIVITIES RELATED TO PERSONNEL</u>							
<u>III. BEING A MEMBER OF A TEAM:</u>							
A. Behavior:							
76. Getting along with others							
77. Observing myself in a stressful situation							
78. Accepting criticism							
79. Taking the blame for my own mistakes							
80. Developing a tolerance for others' viewpoints							
81. Meeting an emergency or trying situation							
82. Accepting behavior of others							
83. Changing methods of procedure with ease							
84. Adjusting rapidly to new situations							
85. Accepting responsibility							
86. Noting changes in behavior of others							
87. Noting changes in situations							
88. Learning to work rapidly yet correctly							
89. Seeing that behavior is caused							
90. Recognizing my limitations							
91. Gaining confidence in myself							
92. Learning to be prompt							
93. Learning to keep a confidence							
94. Learning to be tactful							
95. Learning to be cooperative							
96. Learning to better understand myself							
97. Acquiring a greater understanding of what to teach the patient							
98. Observing others in a stressful situation							
99. Acquiring a greater understanding of others							

APPENDIX A (continued)

		Have had the experience		Value of the experience				
		YES	NO	A	B	C	D	E
100. Additions:								
<u>ACTIVITIES RELATED TO THE ENVIRONMENT</u>								
IV. <u>DEPARTMENTAL SUB-DIVISIONS:</u>								
A. <u>Instrument Room:</u>								
101. Learning names and uses of instruments								
102. Setting up instrument trays								
103. Cleaning instruments								
104. Wrapping instruments								
105. Learning to use pressure sensitive tape								
106. Additions:								
B. <u>Linens Room:</u>								
107. Folding drapes and linen								
108. Wrapping packs								
109. Checking linens for mending and lint								
110. Additions:								

Please answer these last few questions:

1. Could you have gained enough information of the Operating Room if you had only observed these learning experiences and not actively participated in them? Why?
2. For how long do you think student nurses should be assigned to Operating Room experience?
 - a. less than 2 weeks
 - b. 2 - 4 weeks
 - c. 4 - 6 weeks
 - d. 6 - 8 weeks
 - e. more than 8 weeks

APPENDIX A (concluded)

3. What experience(s) in the Operating Room have you enjoyed most? Why?
4. What experience(s) in the Operating Room have you enjoyed least? Why?
5. What experience(s) would you add to the Operating Room Nursing Course?
6. What experience(s) would you omit from the Operating Room Nursing Course?
7. Do you think Operating Room experience has contributed toward your preparation for professional nursing?
How?

Thank you for participating in this study.

APPENDIX B
COVERING LETTER

10195 S. W. Crestwood Drive
Beaverton, Oregon

As a graduate student enrolled at the University of Oregon School of Nursing, I am preparing a thesis in partial fulfillment of the requirements for a Master of Science degree. I am attempting to determine what values student nurses attach to their experience in the operating room. A simple check-list and brief questionnaire has been constructed, a copy of which is enclosed along with a letter from my faculty adviser.

I am hoping your school will be able to participate in this study. A self-addressed post card is enclosed for your convenience in indicating your willingness. I would come to your school by appointment to administer the questionnaire to the student nurses who have completed operating room experience within the past three months. This would entail about 20-30 minutes of their time. In addition, I would appreciate opportunity to have a brief conference with the instructor of operating room nursing. The School of Nursing will not be identified in the report. When the study is completed, an abstract of the findings will be made available to you if you desire.

Thank you in advance for your consideration of this matter.

Yours very truly,

Olga Keesling

APPENDIX C

INTERVIEW GUIDE

Interview Guide (for use during a conference with the Instructor of Operating Room Nursing).

1. How many students are usually assigned to the Operating Room in each rotation? _____
2. What is the length of the assignment? _____
3. How many hours of instruction are included? _____
4. How many hours of practice do the students have each week? _____
5. Are instruction and practice concurrent? _____
6. How long have the students been in the school before they are assigned to the Operating Room rotation? _____

Date of Interview: _____

Name of Instructor: _____

School of Nursing: _____

APPENDIX D

INFORMATION OBTAINED BY INTERVIEW
CONCERNING OPERATING ROOM ASSIGNMENTS
IN PARTICIPATING SCHOOLS OF NURSINGSCHOOL NUMBER I: Baccalaureate program (school of) nursing.

1. Number of student nurses usually assigned
to the operating room rotation at one time..... 6-8
2. Length of the operating room assignment
or rotation 8 weeks
3. Number of hours of classroom instruction
included in the rotation, operating
room nursing..... 20
4. Number of hours of clinical practice
in the operating room each week for
each student nurse..... 25
5. Are instruction and practice concurrent?..... Yes
6. Length of time student nurses have been
in school before assignment to the
operating room rotation..... 8-18 months

Data collected: 6/20/60

APPENDIX D (continued)

SCHOOL NUMBER II: Diploma program (school of) nursing.

1. Number of student nurses usually assigned to the operating room rotation at one time 5-8
2. Length of the operating room assignment or rotation 12 weeks
3. Number of hours of classroom instruction included in the rotation, operating room nursing 24
4. Number of hours of clinical practice in the operating room each week for each student nurse 30
5. Are instruction and practice concurrent? Yes, some theory precedes
6. Length of time student nurses have been in school before assignment to the operating room rotation 12-14 months

Data Collected: 5/19/60

APPENDIX D (continued)

SCHOOL NUMBER III: Diploma program (school of) nursing.

1. Number of student nurses usually
assigned to the operating room
rotation at one time 6-10
2. Length of the operating room
assignment or rotation 12 weeks
3. Number of hours of classroom
instruction included in the rotation,
operating room nursing 24
4. Number of hours of clinical practice
in the operating room each week for
each student nurse 40
5. Are instruction and practice concurrent? Yes
6. Length of time student nurses have
been in school before assignment
to the operating room rotation 1 year

Data collected: 5/18/60

APPENDIX D (continued)

SCHOOL NUMBER IV: Diploma program (school of) nursing.

1. Number of student nurses usually
assigned to the operating room
rotation at one time 5-7
2. Length of the operating room
assignment or rotation 8 weeks
3. Number of hours of classroom
instruction included in the
rotation, operating room nursing 24
4. Number of hours of clinical practice
in the operating room each week for
each student nurse 26
5. Are instruction and practice concurrent? Yes
6. Length of time student nurses have
been in school before assignment
to the operating room rotation 9-12 months

Data collected: 4/26/60

APPENDIX D (continued)

SCHOOL NUMBER V: Baccalaureate program (school of) nursing.

1. Number of student nurses usually
assigned to the operating room
rotation at one time 12
2. Length of the operating room
assignment or rotation 8 weeks
3. Number of hours of classroom
instruction included in the
rotation, operating room nursing 11 hours
4. Number of hours of clinical practice
in the operating room each week for
each student nurse 12-service
16-education
5. Are instruction and practice concurrent? Yes
6. Length of time student nurses have
been in school before assignment
to the operating room rotation 3 quarters

Data collected: 5/11/60

APPENDIX D (continued)

SCHOOL NUMBER VI: Baccalaureate program (school of) nursing.

1. Number of student nurses usually
assigned to the operating room
rotation at one time 8-12
2. Length of the operating room
assignment or rotation 8 weeks
3. Number of hours of classroom
instruction included in the
rotation, operating room nursing 16-20
4. Number of hours of clinical practice
in the operating room each week for
each student nurse 15
5. Are instruction and practice concurrent? Yes
6. Length of time student nurses have
been in school before assignment
to the operating room rotation one year

Data collected: 5/10/60

APPENDIX D (concluded)

SCHOOL NUMBER VII: Diploma program (school of) nursing.

1. Number of student nurses usually assigned to the operating room rotation at one time 16-20
2. Length of the operating room assignment or rotation 12 weeks
3. Number of hours of classroom instruction included in the rotation, operating room nursing 34
4. Number of hours of clinical practice in the operating room each week for each student nurse 30
5. Are instruction and practice concurrent? Yes
6. Length of time student nurses have been in school before assignment to the operating room rotation 6-18 months

Data collected: 6/8/60

APPENDIX E

MASTER TABULATION SAMPLE

31083	30312	7T
31083	40713	1T
31083	50720	1T
31083	20221	3T
31083	70923	1T
31084	51111	54T
31084	30312	7T
31084	70813	2T
31084	40821	1T
31085	51201	1T
31085	51111	58T
31085	20212	3T
31085	51413	1T
31085	70923	1T
31086	51111	45T
31086	20912	12T
31086	51413	7T
31087	51111	50T
31087	30312	8T
31087	70913	4T
31087	10422	2T
31088	51111	58T
31088	20912	4T
31088	70813	1T
31088	70922	1T
31089	20700	1T
31089	30610	1T
31089	51111	44T
31089	70112	12T
31089	70913	4T
31089	71320	1T
31089	20221	1T
31090	51111	57T
31090	10212	7T
31091	51202	1T
31091	51111	55T
31091	30312	5T
31091	70921	3T
31092	70910	1T
31092	51111	59T
31092	10212	4T
31093	51111	57T
31093	70712	3T
31093	10213	2T

APPENDIX F

PER CENT TRANSCRIPTION OF QUESTIONNAIRE CHECK LIST DATA

<u>Participants</u>	<u>Per Cent</u>	<u>Participants</u>	<u>Per Cent</u>
1	1.6	43	67.2
2	3.1	44	68.8
3	4.7	45	70.3
4	6.3	46	71.9
5	7.8	47	73.4
6	9.4	48	75.0
7	10.9	49	76.6
8	12.5	50	78.1
9	14.1	51	79.7
10	15.6	52	81.3
11	17.2	53	82.8
12	18.8	54	84.4
13	20.3	55	85.9
14	21.9	56	87.5
15	23.4	57	89.1
16	25.0	58	90.6
17	26.6	59	92.2
18	28.1	60	93.8
19	29.7	61	95.3
20	31.3	62	96.9
21	32.8	63	98.4
22	34.4	64	100.0
23	35.9		
24	37.5		
25	39.1		
26	40.6		
27	42.2		
28	43.8		
29	45.3		
30	46.9		
31	48.4		
32	50.0		
33	51.6		
34	53.1		
35	54.7		
36	56.3		
37	57.8		
38	59.4		
39	60.9		
40	62.5		
41	64.1		
42	65.6		

APPENDIX G

SUMMARY TABULATION SAMPLE

11001	11	6400T
11001	12	154T
11001	13	30T
11003	21	6T
11001	22	1T
12008	00	1T
12009	01	3T
12010	03	1T
12005	11	1T
12005	12	222T
12005	13	94T
12005	14	44T
12008	21	3T
12007	22	4T
12007	23	2T
12010	24	9T
13015	00	1T
13014	01	1T
13014	02	1T
13013	10	1T
13012	11	2T
13012	12	246T
13012	13	136T
13013	14	52T
13015	15	5T
13017	20	1T
13018	21	1T
13012	22	1T
14028	00	4T
14023	01	2T
14024	02	2T
14020	10	8T
14020	11	323T
14020	12	69T
14020	13	30T
14021	14	3T
14021	20	19T
14021	21	68T
14021	22	26T
14021	23	19T
14022	24	3T

APPENDIX H

VERBATIM RESPONSES TO OPEN-END QUESTIONS*

Question Number 1. Could you have gained enough information of the Operating Room if you had only observed these learning experiences and not actively participated in them? Why?

School Number I. (four participants)

Answers.-- "No, because one cannot get the 'feel' of the situation if they aren't participating. The information is much more easily retained and better put to use when there is active participation."

"No - you learn by doing."

"No. I think one can only learn by doing. And practice makes perfect. So in order to learn something and gain from it we must do."

"No; a lot more is learned when a person does things himself. Things always are different when doing them than when just observing someone."

School Number II. (eleven participants)

Answers.-- "No. Some one may think she knows how to do a procedure from observation, but when times come that she must do them if she works elsewhere, she will not be sure of herself. Many procedures take several tries before accurately accomplished."

"I could not have gained enough information simply because you only observe and are not anticipating and not involved. Only watching a procedure cannot qualify you to do this procedure when called upon to do it. You will forget easily if only seen. You retain more and longer if you practice the procedure."

* Responses are exactly as expressed by the participants with no editing.

APPENDIX H (continued)

Question Number 1. (continued)School Number II. (continued)

Answers.-- "No, because it is hard for me to remember procedures -- how to do them etc., until I have taken part in them. Also, no situation can be called a 'typical situation' or a 'text book picture' and we have to apply what we have learned from observation and from theory to the situation."

"No. I learn a procedure well only if I can do it and have experience in such activity."

"No, because you wouldn't have been adequately prepared if you were called upon to do a task in an emergency which you haven't done before. Confidence is needed and experience."

"No. Because you don't remember as well--and you profit by your mistakes."

"No. For me to really understand and remember information and procedures I have to do them. Reading or seeing something is not enough. I very definitely believe that just 'watching' is not enough."

"No. Because seeing is one thing and doing is another. The only way I can remember is through my own trials and errors of doing things. When watching someone else you may miss the most important thing which you need to see."

"No--experience still is the best teacher--as shown by the frequent inability to perform after just having observed--but not experienced."

"No, because one doesn't retain the knowledge as well, and know to use it again if they haven't experienced the situation themselves."

"No. I believe the only way you can learn and remember something for any length of time is to have experience in doing it yourself."

APPENDIX H (continued)

Question Number 1. (continued)School Number III (ten participants)

Answers.--- "No. I think by participating in the situations a person will learn more and better adapt himself to the case and others that arise."

"I do not feel that you could gain only by observing these experiences. By working with the other personnel and the doctors you become a part of the hospital team of which the patient is the most important person. More understanding and tolerance of others is developed, more skill and manual dexterity, and more empathy with the patient can be gained through your work."

"No. Participation increases the learning ability of the situation and makes learning more enjoyable. Unless a great majority of these procedures are repeated they are not as well learned."

"No. Because the more senses that come in contact with or are used in the situation the better knowledge reaches our minds. Also we are much more observant and alert when we are in the situation ourselves. Also there are often so many people and much equipment in the surgery that you cannot see all that is going on unless you are assisting."

"Yes, but when learning them by observation and not active participation the interest is less and it is harder to learn these things. The remembrance is better if you have actively taken part."

"No. I feel that you gain far more knowledge by doing than observing and I feel you have more interest in the experiences if you are participating in them yourself."

"No, I feel you can't actually learn without participating in surgery. By this, things are imprinted and impressed upon your mind more, which makes it easier to learn."

"No. I found that my observations were of little benefit in the actual situation and that only repeated experiences gave me the sufficient information and confidence necessary to do a good job. In my opinion it would be impossible to gain the necessary information without the actual and practical application."

APPENDIX H (continued)

Question Number 1. (continued)School Number III (continued)

Answers.— "No. It is difficult to realize what to do and anticipate by just watching something. Things stay with you better once you have actually done them."

"No, because I feel that in doing you learn. Often when you watch and then need to participate you find yourself awkward and unsure. In doing you gain more confidence."

School Number IV (eight participants)

Answers.— "No, because the operating room is so new and complex appearing to new students, that I do not believe that seeing alone could make lasting impressions. One must do things in order to become familiar with them."

"No. Because I learn better by doing and practicing than observing, and if I needed the experiences immediately, I would be more apt to remember them and carrying them out if I had practiced them."

"No. In order to 'keep' something in your mind, you have to do it at least once before it is really 'yours'."

"No, because I don't feel that I could have gained the knowledge I did by just watching. Actually doing a procedure impressed all of the facets of the experience on me."

"No. Because I feel I never learn as much by observation as by participation. Things observed are much more readily forgotten."

"I don't think so. To understand why and how things are actually done I have to participate."

"No. Only by practicing an experience will a student learn and retain her O R procedures."

School Number V (seventeen participants)

Answers.— "No - personally I learn much more thoroughly thru experience and retain knowledge longer."

APPENDIX H (continued)

Question Number 1. (continued)School Number V (continued)

Answers.--- "No. I learn much better by actually doing a procedure. I believe people remember better if they have done something."

"No. Observation closely, co-ordinated with practical experience is vital in learning - Seeing things done one day and doing them the next was an impressive way of learning."

"No. I learn more manually and retain it for a much longer period."

"No. Important to do things and therefore learn and remember."

"No - I learn with experience and don't have confidence until I've done a procedure several times."

"No - When just watching you do not get in on the little things - important details such as a whole in a gown or tape on the cords on the floor which are important in anticipating others needs etc."

"No. It is impossible to adequately learn from merely observing. Adequate learning in this situation involves practical experience. You would have very little understanding of team interaction without participation."

"Probably not, because without actually doing something a person has little knowledge of his own reactions or peculiarities to a situation."

(Student Number 510 did not answer question 1.)

"No. There is nothing like doing - to learn what you do and don't know. Doing things makes them stick in your mind better."

"No. It is more thoroughly impressed when principles are applied to actual situations."

"No. Because I feel one gains much more by doing something and taking an active part, than by just observing."

APPENDIX H (continued)

Question Number 1. (continued)School Number V (continued)

Answers.--- "No. I learn more by actually doing things."

"No. Because I learn best by doing - Also your interest tends to wander if you aren't actually doing. Also you miss out on some, many of the little important things if you don't participate."

"No, I don't believe so. Many times when one learns principles and theories without understanding them if they aren't practiced."

"No, because my feeling is that one learns by practical experience - by doing - rather than by merely observing."

School Number VI (two participants)

Answers.--- "No. Without active participation you would not understand as fully the doctors feelings. You would not see many of the intricate movements made by the doctor during surgery and thus could not learn to anticipate his needs."

"No. The best way I learn is by experience. I have to be placed in a situation and be active before I can become informed and remember the learning experiences."

School Number VII (thirteen participants)

Answers.--- "No. Observing and actually doing are two very different things. Being a part of the team needed to carry out the procedures helps one to see the importance of knowing and carrying out each task, developing abilities, speed, accuracy, and also of seeing the necessity of integration of the knowledge and duties of each department for the welfare of the patient."

"No because I think you can remember things better when you use all your senses. If you just see something written down on paper, you don't remember it and you cannot associate it with anything unless you have had the experience of association."

APPENDIX H (continued)

Question Number 1. (continued)School Number VII (continued)

Answers.— "No because you learn much more and remember more by actually participating. I do not feel that these things could have been learned by just watching. Every nurse needs to actively participate in operating room nursing."

"No. Only by participating can we learn how these things are done. Watching someone else could not replace the learning value of doing it yourself."

"No. We have no operating room where we can observe where we would not be 'in the way.' I feel that much can be gained from assisting the doctors and observing at the same time."

"If one does not have to do something he will not be attentive when he is being told how to do it. Therefore if he ever had to do this thing he would not be able to do it. If one knows he will have to do something he is very attentive while being told how to do it and will practice."

"No, because by just watching, you don't experience the teamwork or know really what's going on. You can't learn how to pass instruments, how to fix suture, gown and glove etc., by just watching."

"No. As with anything we do, experiencing it for ourselves is many times more valuable than watching."

"No - because I learn by doing - at least things that need practice."

"No - because I could not have integrated them as well into my daily work habits. In O.R. I had the opportunity to learn these things correctly under supervision which gave me the added assurance that what I interpreted was correct."

"No. I don't think the things I observed would have stuck with me if I had not actually done them."

APPENDIX H (continued)

Question Number 1. (continued)School Number VII (continued)

Answers.-- "I don't feel anything can be learned well without actual participation and work. In the case of many of these in which the experience had already been learned or tried, doing them while in O.R. strengthens the importance of them alone and their importance in relation to O.R. technique."

"No - you gain information or learn by actively participating in a situation. Things that I have watched being done often still are not easy for me until I do it for myself."

Question Number 2. The responses to question 2 appear in Table 5, page 48.

Question Number 3. What experience(s) in the Operating Room have you enjoyed most? Why?

School Number I (four participants)

Answers.-- "Major surgery and emergency situations. It is in those that one is really tested and learns the most."

"Actually working with the doctors - handling instruments. Abdominal cases."

"Being scrub nurse - especially doing sutures. I think it is very interesting see different types of suture use for different parts of skin."

"Assisting as scrub nurse to the doctors in a major surgery. It is the most challenging."

School Number II (eleven participants)

Answers.-- "I like to talk to the patient while she or he is waiting to come into the room. I watch or try to see their mental outlook. Sometimes they haven't been told about post-operative coughing, deep breathing, dangling, etc. Therefore, we discuss these factors and if he can't remember all, due to sedation, he will remember some of it. Also, I like gynecological cases - there is more sympathetic understanding needed!"

APPENDIX H (continued)

Question Number 3. (continued)School Number II (continued)

Answers.-- (Student Number 202 did not answer the question).

"I have enjoyed 'cases' where definite, close teamwork and mutual respect of the members of the team for each other have worked together for a common cause - helping or even saving a patient's life."

"Scrubbing for emergency situations. This seems to prove or show what capabilities I have and where I need improvement the most."

"Seeing the dependence of teamwork and cooperation toward one goal - the welfare of the patient."

"Scrubbing on abdominal surgeries - because you can see and do more. I've really enjoyed most everything."

"The experience of scrub nurse. You are in a position to really see how surgery is done, the skill required and the first hand experience of helping the surgeon."

"I enjoy scrubbing on abdominal cases. I love to see what the anatomy inside is like, how the lungs and heart work and etc. Both procedures are very important and though the Dr. plays the main part I do feel like I'm contributing a little to help the patient live a better life."

"Scrubbing and performing on cases where anatomy is clearly seen, understood and learned. The most fascinating part of surgery is the learning of normal and abnormal anatomy and the surgical treatment."

"Scrubbing. Because, I felt that I was really helping and accomplishing something, myself. Also, a much clearer view of the procedure was accomplished."

"Scrubbing because Being able to anticipate Doctor's needs and working as a team."

APPENDIX H (continued)

Question Number 3. (continued)School Number III (ten participants)

Answers.-- "I enjoyed scrubbing in and assisting the doctor - I felt like I was part of the team and learning how to adjust to the situation and trying to foresee the doctor's needs!"

"I enjoy working with others and having this more important responsibility that comes when you are assisting the doctor. In no other area of training do you work so closely and depend so much on the work and knowledge of others who are experienced."

"I have enjoyed scrubbing and being able to observe on large cases. The learning experience that is offered and a greater understanding of the patient following a surgical procedure."

"I have enjoyed assisting the doctor in surgery because by being a part of the team you are able to see and learn much about the human anatomy and surgical conditions which can never be explained quite as well in a book as seeing it actually done. Also I enjoyed working with many of the fine surgeons in our hospital and getting to know them."

"I enjoyed first scrubbing most and being able to anticipate the doctor's needs in a surgical case. Personally the experience gained here in human relations was very valuable especially being able to accept criticism that wasn't really deserved."

"I enjoyed being able to be a scrub nurse most of all. It was very fullfilling to me to be able to have an active part with the doctor during an operation. Working with a team I enjoyed, too. I know I will profit from this in the future."

"I enjoyed learning more about the anatomy of the human body and the surgical procedures. I enjoyed working with the doctors and getting to know them better. Also I enjoyed the independence and responsibility placed upon me, as a scrub nurse."

APPENDIX H (continued)

Question Number 3. (continued)School Number III (continued)

Answers.— "Scrubbing on moderately large cases - laparotomy etc. - because I felt I was needed and also after the operation has started we move along at an even pace - while in very small operations - you have no time to really get organized before it is time to close and rush for the next case."

"Being a scrub nurse on bone operations. I've found these to be most interesting, you seem to assist more and it is easier to keep track what they (the Drs.) are doing and why."

"I have enjoyed actually scrubbing on a case and assisting. I especially enjoy it when the Dr. asks you to assist him with certain things as assisting in tying."

School Number IV (seven participants)

Answers.— "Working with the Doctors (scrubbing) in abdominal and thoracic surgical and neurosurgical cases. In my opinion these provided more learning situations for the students. The doctors instructed us during the cases."

"The actual scrubbing, because I learned to work with and anticipate the needs of the doctor and team. I believe this will help me work with the doctor anywhere, and anticipate the needs of the doctor and patient."

"I learned most when scrubbing because I was so close to the operative field, could actually see what was going on, and I had a better opportunity to ask the doctor questions. I enjoyed orthopedic surgery very much, mainly because it was so different from what I expected."

"I enjoyed scrubbing most because it gave me an opportunity to learn about the surgery being done, different instruments used, etc."

APPENDIX H (continued)

Question Number 3. (continued)School Number IV (continued)

Answers.-- "1) Learning the anatomy and biological functionings of the body.
2) Learning to understand and know the doctors better; this helps floor relations."

"Playing the Scrub Nurse with another scrub nurse. Here you can get close enough to see and identify anatomy."

"First scrub nurse - I got first hand information and education from the surgeon concern anatomy, pt. medical and social history."

School Number V (Seventeen participants)

Answers.-- "Scrubbing and circulating - develop manual and organizational skills."

"I enjoyed working with a well functioning team because I have never seen such an efficient team elsewhere in the hospital and I think medicine should be characterized by this smoothness and continuity."

"Circulating, scrubbing, observing."

"I enjoyed scrubbing best because it was so completely different from any other work we'd had and I felt so completely a part of the team, but I feel I gained more as a nurse from circulating."

"Scrub Nurse - learn to anticipate needs - get better chance to observe procedure."

"Working in operating room, especially scrubbing, recovery room. I gain confidence in myself and lost 'fear' of doctors. Also more understanding of certain personnel."

"Scrubbing, most of all - because you feel like a real right hand man when you are able to anticipate a doctor's needs so often."

Question Number 3. (continued)School Number V (continued)

Answers.-- "Scrubbing - team work - new situation. Recovery Room - pt. contact. Emergency contact. Circulating - asepsis-teamwork. Anesthesia - drug actions."

"Scrubbing was the most interesting in that one could actually see and learn the reasons behind various actions and the anatomy lessons were excellent."

"Scrub nurse."

- "1. Scrubbing - I enjoyed the organization you have to have and remaining calm when you don't feel it. It's also interesting to watch the surgeons.
2. Circulating.
3. Recovery Room."

"All - greater insight into team work method in every facet of O.R. nursing. Improvement of technique. And so on."

"Scrubbing and circulating in that order, because I enjoyed the relationship and new experience of working closer with the medical team."

"Circulating, it was a real challenge to try and anticipate needs."

"The scrubbing, and circulating - no matter what the case I always thought very interesting. Also the afternoon assignments were most interesting and worth while as they better acquainted us with the O.R. suite."

"Circulating, because I learned more about the operating room and how it functioned thru this than through scrubbing, etc.

Recovery Rm."

"Observation of anesthesia - because it showed me the importance of this procedure.

Scrubbing and circulating - being able to anticipate, being an active part of a team, seeing the skill of the physician and what he was trying to accomplish - operative procedures."

APPENDIX H (continued)

Question Number 3. (continued)School Number VI (two participants)

Answers.— "Scrubbing for major and minor surgeries.
Major - because of what is learned as far as anatomy
and types of procedures done.
Minor because of responsibility entailed by working
alone with doctor."

"I have enjoyed being Scrub Nurse and being right in
on the operation from start to finish. I loved working
with doctors and the other members of the team."

School Number VII (thirteen participants)

Answers.— "Being able to scrub and observe the various operations.
Seeing the operations, the procedure, and the many
aspects that must be considered and the various tasks
that are necessary helped me to gain a better under-
standing of importance of nursing aspects before, during
and after the surgery. I enjoyed the strong feeling of
teamwork that is so obvious and necessary in O.R.; also
to test my skills and abilities and learning and adjusting
to the various situations."

"Scrubbing and being 'on call.' I was able to be in a
stress situation and learn how to adjust, keeping
confidence. I was able to learn anatomy and really be
able to see the parts of the body which I have so often
read about. In an emergency situation, I felt needed
and a real member of the team."

"I enjoyed scrubbing the most because it seemed like
you were more a part of the team when you were scrubbing.
You had to be alert - efficient - and calm at all times.
I felt it a great challenge to try to meet the require-
ments of a scrub nurse and help make things run smoothly."

"Scrubbing. I think we learn more things that will be
helpful to us in any phase of nursing while helping
during the operation."

"Scrubbing."

APPENDIX H (continued)

Question Number 3. (continued)School Number VII (continued)

Answers.-- "I enjoyed my PAR experience - it was interesting to observe people and to help them as they were awakening from their surgical experience. I enjoyed scrubbing for the different procedures - this was always a challenge to me and always a learning experience."

"Working call at night because you always have interesting cases and the doctor is real friendly and you really have good teamwork."

"Working call was most thrilling because of the challenge of working under more limited conditions. I was able to take more initiative because there was no one to fall back upon."

"Scrubbing - because here I felt as though I was really helping and learning."

"I believe I enjoyed scrubbing the most because it gave me an opportunity to function and be a responsible member of the team."

"Scrubbing for Drs. - helps tremendously in learning anatomy.
helps gain skill in working with hands."

"I enjoyed every part of my O.R. experience because I felt that in any situation I was learning something very valuable, not only about surgical procedures, but interpersonal relationships, working as part of a team, sharing work with others, patients feeling and fears and a review of good aseptic nursing technique. I think I AM A BETTER NURSE since my O.R. experience."

"I enjoyed being scrub nurse because I felt a part of the team and was needed to do a certain job. I enjoyed assisting the surgeon and learning to anticipate his needs."

APPENDIX H (continued)

Question Number 4. What experience(s) in the Operating Room have you enjoyed least? Why?

School Number I (four participants)

Answers.—"Bone preps, night duty, tonsil room. Too much sitting doing nothing, didn't learn much new."

"The setting up for surgery and the cleaning up afterwards."

"Daily duties in evening and being on call at the same time. Because sometimes you get called to emergency and never get the duties done till around 11:00 p.m."

"Duties done in evenings in preparation for next days. I enjoy working with people instead."

School Number II (ten participants)

Answers.—"I have not least enjoyed any learning or doing things, but have least enjoyed urological surgery. I haven't taken a course in urology and don't understand very much about it--perhaps, the reason for my dislike of it."

(Student Number 202 did not answer the question.)

"Experiences of being practically forced to listen to 'off color' (to put it mildly) jokes (not in all cases) and remarks made by careless and disrespectful surgery personnel. (This seems to be a majority instead of a minority many times.)"

"1. Scrubbing for brain surgery - To me, it is very depressing.

2. Powdering and wrapping gloves."

"Some physician's act as if everything is routine and seem to forget there's a different personality under those drapes each time."

(Student Number 206 did not answer the question.)

"The experiences of folding linen, solution bottles etc. We don't have enough time in surgery to hear all we should as it is. These jobs necessary as they are, I don't believe contribute anything."

APPENDIX H (continued)

Question Number 4. (continued)School Number II (continued)

Answers.— "Circulating in neurosurgery. The scrub team are very sharp and inconsiderate of student nurses. You're expected to know everything even when you've never been in there before. I have learned always to repeat something to make sure I'm doing the right thing but they seem very depressed when you do it."

"Circulating - especially without adequate knowledge of the case.

And being in any situation that knowledge and understanding of it are not obtained."

"Passing suture solution and linen at night. It's purely a selfish reason, but I don't feel that it's a learning experience. I realize it must be done, however, I feel that it shouldn't be solely the students responsibility."

"Working in the work room. I think it doesn't take very much knowledge at all to do this."

School Number III (ten participants)

Answers.— "I think the part most students dislike in the most is cleaning the rooms—Otherwise there are no experiences I can think of that I didn't really enjoy."

"I think I really enjoyed least the cleaning of rooms. This is of course very important in surgery, but I feel that once you have had experience doing this, that it is not developing any further skill or knowledge by doing it over and over."

"Occasionally doing the same form surgical procedures for two or three days in a row."

"I enjoyed my rotation in the O.R. room and can think of nothing I particularly disliked."

"I think the tenseness of the situation was the hardest for me and due to the great amount of tension it was a fatiguing experience."

APPENDIX H (continued)

Question Number 4. (continued)School Number III (continued)

Answers.-- "Cleaning rooms when working evenings. I feel that after doing this a few times you will be able to instruct the maids the proper way to do it and the importance of it when you become an R.N."

"I least enjoyed the cleaning the rooms and the tension that surrounds Surgery."

"I enjoyed all of my O.R. experiences although I think the least useful was the cleaning of rooms in the evening. I think all students should have this experience for only a couple of days - since it takes no great skill to do it and you feel you're breaking in for the maid's job."

"Cleaning and sorting instruments. It seemed to be a waste of time. Once you've done it, it's the same thing over and over. It only takes up time."

"The cleaning of rooms - esp. morning and night cleaning."

School Number IV (seven participants)

Answers.-- "Working in Genito-urinary Surg - There is nothing to be learned once you have observed the operation once. Checking supplies, cans and solutions, preparing suture. These activities are necessary but I think it is more important for a student to have more contact with the actual Surgery."

"Checking and filling the cupboards, and winding silk and cotton suture, because I learned nothing valuable, and I thus felt this time was wasted in that respect."

"I least enjoyed the hours in the afternoon spent winding silk or making cottonoids, although I do realize the importance and necessity of these items. I disliked vein-ligations the most because it seemed to be such a rough procedure."

APPENDIX H (continued)

Question Number 4. (continued)School Number IV (continued)

Answers.-- "I enjoyed GU circulating less than any of the other procedures because it was so very routine and I believe that after seeing what the circulating nurse had to do once anyone could do it."

"The afternoon experience of checking and filling, because I feel this is not applicable to other situations in nursing."

"When by accident an instrument was dropped. The Doctor's reaction."

"Circulating - After you learn the duties and regulations there is nothing more. The learning situation is somewhat lost in comparison to the scrub nurse."

School Number V (seventeen participants)

Answers.-- "Cleaning needles - CSR - cysto - CSR necessary but personally unappealing as was cysto."

"I enjoyed cleaning surgeries least because I did it quite frequently and one such experience if done well is enough."

"Cysto - C.S.R. - $\frac{1}{2}$ day would be sufficient. Prolonged times in linen room however it is necessary and even menial tasks must be pitched into and done."

"Linen Room probably but even that wasn't bad. Not as much contact with people and one is doing the same things over again."

"Tasks that anyone could do - things that need no imagination."

"Routine checking of supplies, experience in folding much linen. (This experience is very valuable in limited quantities.) Anesthesiology - too much repetition."

APPENDIX H (continued)

Question Number 4. (continued)School Number V (continued)

Answers.— (Student Number 507 did not answer the question.)

"linen room - little applicability to ward situation."

"Linen room because of the repetitive nature of small procedures."

"Linen Room."

"Linen room - personnel and the monotonous repetition."

"If any, working in linen room seemed least enjoyable or profitable, with exception of folding drapes."

"Linen room. Because I really do not feel we gain very much from it."

"Can't really say - although the linen room got boring after awhile. However valuable."

"CSR and Cysto - CSR because we spent so much time on little things like washing syringes etc. which we could learn else where.

Cysto - because we were not really oriented and although it was interesting to watch I didn't really feel a part."

"Linen Room - I thought it was too monotonous and after the first couple of hours there was no longer any learning connected."

Central Supply - I enjoyed this least but I realize the importance of knowing sterilization procedures and care of equipment.

Linen Room - folding of linen can be a means as to how to unfold it - but really more than two days is unnecessary."

APPENDIX H (continued)

Question Number 4. (continued)School Number VI (two participants)

Answers.— "Observation - feel more is learned by supervised active participation."

"Many times I would rather have scrubbed or circulated on big cases rather than observe. I became tired and somewhat bored with nothing to do but watch."

School Number VII (thirteen participants)

Answers.— "Putting away the sterilized articles. Although I realize this has to be done - it just didn't seem to challenging."

"Working in the linen room. I don't feel that this is educational since other people are capable of doing this. I don't feel it furthered my knowledge of operating room. I did not enjoy Post Anesthesia either, however I did learn a lot there regarding signs and symptoms of shock etc."

"Folding linen and cleaning instruments because I felt that it was a job that wasn't very challenging. Took no ability to carry these out."

"Circulating nurse. There doesn't seem to be as much value in this as scrubbing unless you wish to do this type of nursing later."

"circulating."

"What I enjoyed least was the tension that was always built up in myself when I was not altogether sure of a new situation. This, of course, is something that could not be helped and would have been overcome with much - much experience in O.R."

"Prep's - I honestly don't see any learning experience in them."

"Those experiences which were repetitious, as helping with a procedure that wasn't challenging further learning."

APPENDIX H (continued)

Question Number 4. (continued)School Number VII (continued)

Answers.-- "Circulating - because rarely was there anything to do - couldn't do anything on your own more like an errand girl. Got boring just standing around when you couldn't see anyway."

"My Post Anesthesia Room experience was the least enjoyed experience. Primarily because it seemed so routine as a general rule. However, it was one of the more valuable experiences."

"folding linen - replenishing supplies.
After you have once done it there doesn't seem to be much point in repeating it."

"Busy work such as putting supplies away, stocking rooms with tape, gloves etc. In some cases we were doing this rather than observing cases. Also preping the patient the night before surgery."

"The time spent as circulating nurse because it wasn't as interesting as actually helping in the operation and seeing what was going on. Also the time spent with anesthesiologist was routine after a few days."

Question Number 5. What experience(s) would you add to the
Operating Room Nursing Course?

School Number I (four participants)

Answers.-- "More time on major surgery."

"A course in human relations - how to treat the patient like he is alive - and not just a robot like sometimes happens."

"None."

"Knowledge of anesthetics used and why."

APPENDIX H (continued)

Question Number 5. (continued)School Number II (eleven participants)

Answers.--- "I have few additions to our class, I believe a student learns more if she is taking her experience with the class and are clinics are more helpful, but the class instruction gives a good background for aseptic techniques."

"I would include a longer period of time mostly because you are just learning to adjust at the end of your rotation there when you leave."

(Student Number 203 did not answer the question.)

- "1. More experience in picking pans of instruments
2. More experience scrubbing alone or with other students - you learn faster that way.
3. More experience working with an anesthesist."

(Student Number 205 did not answer the question.)

"Maybe more orthopedics or a rotation in 'plaster room.'"

"I would add another month on to the O.R. experience. In this hospital we have a three month rotation. I think four months would be better."

"I can think of none."

"Just more general experiences on cases."

"I feel that our O.R. course is adequate. A complete picture is presented us."

(Student Number 211 did not answer the question.)

APPENDIX H (continued)

Question Number 5. (continued)School Number III (ten participants)

Answers.— "I think they should be longer and each student should do more of a variety of cases to gain experience in every possible case she can."

"I would add more Circulating Nurse Experience. Weekly conferences discussing new trends and little frequent mistakes that are made and are unnecessary if only you knew some things before hand. (Learn from the other students experiences and mistakes.)"

"Increase the opportunity for circulating and assisting on larger cases. A student should have more of an opportunity to observe the anesthetologist to realize other dangers that face the patient and how she may help either pre- or post operatively."

- "1. More and different types of bone surgery.
2. Heart surgery
3. Lung surgery
4. Brain surgery

I would only expect the student to fix sutures etc. and help hand instruments with an R.N."

"More experience as a circulating nurse and anticipating desirable patient positioning and preparation."

(Student Number 306 did not answer the question.)

"More actual scrubbing and emergency work."

"I can think of no important experiences to add to our present program."

"More experience in setting up for cases and learning to pick instruments."

"I think it would be helpful if we could at least observe more heart and lung surgery."

APPENDIX H (continued)

Question Number 5. (continued)School Number IV (seven participants)

Answers.— "I would lengthen the course, then when the student became more experienced give her more responsibility such as scrubbing alone. In our hosp. we did not get to scrub in on very many neurological surgeries. I believe that this type of surgery would help us to obtain a better understanding of the nervous system."

"Immediate post-op. period, as in a recovery room, to get the total picture of the patient during surgery and anesthesia. As it is, we get this experience while working on a surgical floor, but the operative and immediate post-op periods are not connected."

"None that I can think of. It was a very complete course."

"Experience in a recovery room where ever this is possible."

"Recovery Room experience.
Conferences on the surgeries seen, so we could understand them better."

"I think of none."

- "1. review of anatomy
2. review of anesthesia: types stages signs reactions"

School Number V (seventeen participants)

Answers.— "More major scrubs and circs."

"None that I know of."

(Student Number 503 did not answer question 5.)

"I think it has a good deal of experiences if we could just have more time to perfect and understand them."

"More chance for Scrub Nurse-
Assist in Cysto - rather than merely observe
More pt. contact pre and post surg."

APPENDIX H (continued)

Question Number 5. (continued)School Number V (continued)

Answers.-- "More major scrubs. A chance to observe or even help with open heart surgery."

"More E.R."

"Was satisfied."

"Our experiences here seem to be complete."

(Student Number 510 did not answer question 5.)

"More scrub experience
more recovery room experience."

(Student Number 512 did not answer question 5.)

"I would add nothing except more time to spend there."

"none, I thought we had good experience.
Perhaps a visit of patients the night before."

"Perhaps being able to see open heart or some operation which ones school is particularly known for which would really help the student see this situation better."

"More surgical preps if possible."

(Student Number 517 did not answer question 5.)

School Number VI (two participants)

Answers.-- "Having surgery performed on self."

"I don't really know of any."

APPENDIX H (continued)

Question Number 5. (continued)School Number VII (thirteen participants)

Answers.-- (Student Number 701 did not answer question 5.)

"The course and the experiences which we now have in our O.R. course, I feel is adequate. I cannot think of anything which should or needs to be added."

"More circulating experience. More call time."

(Student Number 704 did not answer question 5.)

"I feel that our course is fairly complete and cannot think of any thing that should be added."

"I think our O.R. course was quite complete."

"I think we have adequate experience here."

"I believe that special assignments (which our group missed) would be valuable in learning the entire picture of surgery and its outcome. (Recovery room and Anesthesia experience should be included in the O.R. program)."

(Student Number 709 did not answer question 5.)

(Student Number 710 did not answer question 5.)

"Specializing of patients you have scrubbed on."

"I don't know whether this would be classed as an experience but I would like to have had the doctor's explain more to us as they were going along."

"Time spent following a patient from admission to surgery to Recovery would be a valuable learning experience."

APPENDIX H (continued)

Question Number 6. What experience(s) would you omit from the Operating Room Nursing Course?

School Number I (four participants)

Answers.— "Less time in tonsil room."

"I think T. and A.'s could be omitted or shortened. Also preps could be omitted - anyone can shave a person!"

"None."

"None."

School Number II (eleven participants)

Answers.— "I have no omissions."

"Student Number 202 did not answer question 6.)

"I believe that our course is adequate and all experiences are quite necessary - may central supply wouldn't be necessary, but we can even gain from that."

(Student Number 204 did not answer question 6.)

(Student Number 205 did not answer question 6.)

"Maybe having to pass solutions and linen and clean sinks, etc. in the evening. Even though I know it has to be done, I think we loose many valuable hours when we could be learning other things more important."

"Perhaps I am wrong but I don't believe that procedures such as filling the 'solution bottles and linen cupboards' are necessary when students spend such a short time in OR."

"All of the things we do are very important and I think we participate in everything that makes Surgery what it is."

"The affiliation with central supply departments."

APPENDIX H (continued)

Question Number 6. (continued)School Number II (continued)

Answers.--- "Central Service and Recovery room, since we have already had this experience before."

"I don't think Recovery Room is of a very big value because we learn the same procedures on the floor that we do in recovery room."

School Number III (ten participants)

Answers.--- "There are no experiences I would omit as I think they all are important in their ways - you should know something about every one of them."

"I think that two weeks in Recovery Room could be satisfactorily covered in one week. Also one week on preps is quite a bit when there can be 10-12 preps in one night. These take 3 weeks out of the rotation and I feel could be covered from surgery floor (for Recovery Room especially.)"

"None."

"The great number of T & A's."

"A large amount of repetitious cases so similar that they become very routine."

(Student 306 did not answer question 6.)

"I would have less time for preps, and recovery room, and cleaning of rooms. I feel the knowledge of these procedures is necessary, but not too much experience."

"Every experience you encounter helps you grow or learn in some way. I would omit none - but use some in moderation as mentioned in the previous question."

"None."

"The cleaning of rooms. I know it's important to know how to do it in case that a situation should come up but several times should be sufficient."

APPENDIX H (continued)

Question Number 6. (continued)School Number IV (seven participants)

Answers.--- "Preparing and cleaning up from cases after it had been done 2 or 3 times. Keep close touch of types of surgery observed and let each student see all types of surgery."

"The period in the afternoon when the surgeries are over, and all the nurses sit on stretchers winding sutures and cut dura sponges. This was more of a social get-together than working."

"None, to think of."

"None."

"Tasks such as check and fill for more O.R. experience in afternoon cases."

"I know of none."

"None, we need all education."

School Number V (seventeen participants)

Answers.--- "Cleaning OR rooms - altho I realize experience would be helpful if returning in administrative capacity."

"None that I know of."

(Student Number 503 did not answer question 6.)

"I wouldn't admit any."

"Linen Room."

"None completely - a little less anesthesiology or more variety."

(Student Number 507 did not answer question 6.)

"Less linen room."

"Nothing."

APPENDIX H (continued)

Question Number 6. (continued)School Number V (continued)

Answers.--- (Student Number 510 did not answer question 6.)

"Nothing."

"C.S.R. - otherwise none."

"None. I think everyone should have a little experience with everything that goes on in the surgery suit."

"None, they all seemed very valuable."

"None."

(Student Number 516 did not answer question 6.)

(Student Number 517 did not answer question 6.)

School Number VI (two participants)

Answers.--- "None."

"None."

School Number VII (thirteen participants)

Answers.--- (Student Number 701 did not answer question 6.)

"Experience in the linen room, glove room and a shorter experience in the Post Anesthesia room. One week instead of two."

"Folding linen. Cleaning instruments."

(Student Number 704 did not answer question 6.)

"I feel that all my experiences were of value. None should be left out."

APPENDIX H (continued)

Question Number 6. (continued)School Number VII (continued)

Answers.-- "I do not think that anything we did should be omitted as everything including the actual scrubbing for cases to washing instruments, folding linen, making up packs, working on call, checking Rooms, etc. - all this added to my appreciation as to what really makes the O.R. run smoothly and well."

"Preps and sitting with the anesthetist."

"None."

"Helping the circulating nurse."

(Student Number 710 did not answer question 6.)

"None."

"Preping of patients (shaving.)"

"Too much time was spent with the anesthesiologist and in Recovery Room. About 1 week would be sufficient."

Question Number 7. Do you think Operating Room experience has contributed toward your preparation for professional nursing? How?

School Number I (four participants)

Answers.-- "Yes, it has helped me develop responsibility, self-confidence and speed besides helping me to remain calm under stress. It also gives a better understanding of sterile technic and helps to give the patient support they need."

"Yes - Helps you to be more self sufficient. Makes you get along with people."

"Yes. I know more about the causes for their ailments and why they have so much pain etc. Helped me be more observative and particular in what I do."

"Yes. I understand more the meaning of nursing. It helps in gaining a sense of responsibility."

APPENDIX H (continued)

Question Number 7. (continued)School Number II (eleven participants)

Answers.--- "I certainly do! I have a better understanding of the importance in pre and post operative preparation and procedures. A floor nurse can tell her patient what to suspect, and relieve some of the fear that she has due to gossips, or hospital personnel conversations, that make her afraid. Hope is the only asset that some patients have, and a nurse must give this person confidence in his doctor and those working for him.

Also, asepsis must be emphasized in a nurse's mind and no where, but in the operating room is this shown so clearly. All of these factors are necessary for professional nursing."

"Yes. It has taught me to be more confident and more ready to handle emergencies in case they come up. It helps to understand how the patient feels about surgery. Also it helps to better care for the post-operative patient."

"Definitely!! Learning definite teamwork
Learning better aseptic technique
Taking responsibility
Learning the meaning of different procedures and learning many times the Doctors' views on nursing care given on the floor."

"Yes. 1. Helps me to better understand the surgery patient and the necessity for coughing etc.
2. Has helped me to become better organized and to think ahead.
3. Has helped me to learn to accept criticism better."

"Yes, it has built my self confidence up, and has made me more conscious of the extensive surgeries that some patients have and why they need that extra pain medication."

"Yes. I now know what is done to the patients and I believe it will help me in caring for surgical patients on the wards. Also I now realize how important the pre-op medications are."

APPENDIX H (continued)

Question Number 7. (continued)School Number II (continued)

Answers.— "I certainly do. I do not plan on ever working in surgery alone but it has given me a better understand of what happens to the patient, why, the reasons for his behavior ect. I believe O.R. experience is very necessary in the training of a student."

"Yes. I have learned to be able to accept tensions with more ease. I have also learned to accept criticisms both good and bad a lot better. I feel now I can work in dire emergencies without going to pieces. I have learned how important it is to keep a surgery aseptic and have seen results when it hasn't been. I also realize now why patients feel like they do when they return to their rooms and have a more sympathetic heart for them."

"O.R. experiences helps us as future professional nurses to;

1. understand asepsis and the role it plays.
2. understand the surgical and medical treatment of certain disease conditions.
3. It helps us to understand - what the patient has experienced - what he feels - why he feels -
Thus enabling us to give care with understanding."

"Yes. 1. It lets you really see the anatomy of a body, so that you understand it and will be able to explain it.
2. It gives one an understanding of the pain experienced after surgery.
3. It gives us a greater knowledge and understanding so that we will be able to prepare the patient postoperatively.
4. It lets us know why the Dr. orders all the things after surgery, and what he expects."

"Yes. Better understanding of human anatomy; the disorders and treatment for these.

APPENDIX H (continued)

Question Number 7. (continued)School Number III (ten participants)

Answers.--- "Yes, It enables you to see and understand the care the patient receives after surgery. A person can learn more by experience and with seeing just what is being done you can understand the medications, treatments, and the feelings of the patient. There are many questions that people and your patients will want to have answered. A good nurse should have some knowledge about almost everything, especially surgery as most doctors don't fully explain and give them comfort so it is up to the nurse and she can't do a good job if she doesn't know much about it. She won't be able to fulfill her patient's needs."

"Very definitely. I feel that O.R. Experience is invaluable as far as contributing toward being a professional nurse. You learn to be a part of a team, you learn how to work under pressure, accept criticism, understand how and why others may react to certain situations, and most important you learn what the patient is experiencing when he has surgery and why the nurse has to reassure him, explain procedures and anesthesia, and give him the support he so needs. Thank you for this opportunity."

"Yes. A greater understanding of the patient is now recognized. Support is easier given to the patient and his family and many needless fears may be avoided. Aseptic technique is learned more thoroughly and the importance of it. Anatomy is easier learned and physical conditions or diseases are more readily understood. Learning to work with others and anticipating the needs of patients. Paying attention to others, learning to listen, developing quick reactions which may be a life-saving device. The true importance of these things cannot be entirely learned on the floor or in the classroom. Actual participation is necessary."

"Yes, very much so, because here we were working closely and in a team with many different people. This helps to develop qualities of adjustment in the student. Also by having this rotation it has made her more alert to shock conditions, and the exact way an operative procedure was done, thus helping her to better care for the patient and answer his questions. I think this experience is very good for a nurse working on surgical floor."

APPENDIX H (continued)

Question Number 7. (continued)School Number III (continued)

Answers.--- "I feel it definitely matured me emotionally and especially in teamwork and close contact with doctors and anticipating their desires while working. The experience in accepting others and in getting along with others received there was invaluable. This was especially trying because of the stress-situation present.

The acceptance of criticism constructively and in using this criticism in to improve really was valuable.

The learning of aseptic technic and of the sociological parts of the surgical rotation were really the most important and the greatest real gains toward professional nursing for me."

"Yes. It has contributed a more complete knowledge of total hospital activity. It has given you the opportunity to see if this is your field. I found the importance of aseptic technique which is important to any nurse. Also, working with a team is very important."

"Yes, I do. By learning to work with others, learning aseptic technique, learning to be prompt but exact, learning of anatomy, and learning to accept responsibility."

"Yes. It has aided greatly in understanding the human anatomy and has helped the nurses talk more intelligently about the operation to the patient. We learned how to work under stress and how to get along with others. Many of our experiences there helped us to meet emergency situations on general duty with calm and intelligents. We are more understanding toward the patient facing surgery and able to prepare him and his family. I hate to think of a nurse who graduates and goes into a professional role without this experience. I wouldn't want her nursing me."

"Yes, It made me better able to tell patients what to expect, and to answer their questions more completely. It makes me able to prepare the patient better for surgery and know what things are important to be charted both before and after surgery."

"Yes, I feel it has helped me to be quicker and to better learn to anticipate the needs of others. I feel it has helped me to have more empathy towards the surgical patient."

APPENDIX H (continued)

Question Number 7. (continued)School Number IV (seven participants)

Answers.-- "Yes, very much. It has cleared my understanding of surgery. My knowledge will enable me to make intelligent explanations to the patients when they have ques. concerning surg. the reasons for this and that. The opportunity to learn aseptic technique (the fine points) from persons who are very good at this. On the floor this information will help me when assisting in sterile procedure and sterile technique on the floor.

Learning about surgery impressed upon me the importance of good pre op and post op care and the reasons for doing certain things -- such as pre op medications on time.

I believe that O.R. experience is very valuable to make a nurse who is well-rounded with a good understanding for the benefit of the patient."

"Yes. It has given me an understanding of just what a patient goes through while he is in surgery. It has taught me respect for surgical asepsis. It has made the minor surgical procedures done on the floor much easier. It has taught me to anticipate the needs of doctors, patients and other personnel, and to work in a team. It has also given me a background of experience, should I desire to become a surgical nurse.

Comment: The one thing I missed while in Operating Room was the individual contact and care to each patient that is experienced on the floor."

"Yes, very much so. After observing the actual operation and the position of the organs in a human -- rather than relying on a black and white illustration -- I am more sure of myself when caring for a post-surgical patient because I have a very good idea of what was actually done. Any fears that I had of "everything coming loose," were dispelled."

- "a. it has taught me the necessity of preoperative care for the patient.
- b. it has stressed the importance of good pre-op psychological preparation.
- c. it has given me some knowledge about the different types of surgeries."

APPENDIX H (continued)

Question Number 7. (continued)School Number IV (continued)

Answers.--- "Yes. It helped me decide I didn't want to be an O.R. nurse. It also helped me understand more of the body and its functions. I realize what the different operations consist of and exactly what is done, as I never would have outside a textbook."

"It gives you a better understanding of what exactly happened to the patient in O.R."

"Yes - in many direct and indirect ways. I learned to be more observant and from that can develop a more keenness of pt. signs and symptoms. A O.R. nurse learns to be a good organizer and this carries through in her other experiences. The actual visualizing of human anatomy and physiology will be a valuable aid from now on in all branches of nursing."

School Number V (seventeen participants)

Answers.--- "Yes. Making me more aware of sterile technique and organization in carrying out activities efficiently. Able to appreciate on floor the implications of surgical procedures."

"Yes. I learned how to better function with others in stressful as well as other situations. I think team functioning vital as I said earlier."

"Yes - Better awareness of aseptic and sterile technique
Knowledge of pts. feelings about surg.
- Ability to relay and encourage pt. better about surg.
- Knowledge of surg. itself.
- Self-confidence increased diplomacy in stress situations.
An excellent experience."

"Yes. I have more self-confidence in my own abilities. It gave me a completely different look at nursing."

APPENDIX H (continued)

Question Number 7. (continued)School Number V (continued)

Answers.-- "Definitely, changing dressings observing sterile technique has become much easier, since I really understand principles behind each and every movement and precaution. I can better understand why so much care is taken in the sterile technique.

Understanding of transmission, what solutions to use for what -

An all around greater awareness of environment and things in the environment.

This is a very valuable experience - One that should not be omitted! I believe I realized the value or part value since being back on the ward. I believe I will become a better nurse with this training."

"Yes. I gained much more confidence in myself and in my ability to perform procedures and meet trying situations. I learned to work with other personnel better."

"Yes. Understanding of pt., doctors nurses janitors, aides, etc.

Anticipation of situational needs

Ease to perform beforehand difficult tasks

Confidence in own abilities

Safety factors - observance of."

"Yes definitely. Has helped me feel more confident in emergency situations. Has given me the opportunity to observe and participate in a highly organized team. Has contributed to my understanding of the principles and techniques of asepsis. Given better underst. of pt. emotions and reactions."

"Yes definitely because without this you don't get the full picture of nursing and the learning of relationships and asepsis is invaluable."

"Yes."

"Yes - 1. Taught me organization.

2. Helped my sterile technique immensely.

3. Gave me a better idea of how I react under pressure.

4. I liked the attention paid to details
I Loved Surgery."

APPENDIX H (continued)

Question Number 7. (continued)School Number V (continued)

Answers.--- "Yes - as stated before - plus others I can't remember now that I want to."

"Yes. In gaining a better understanding of our relationship with the rest of the team, as well as understanding the patient a little better."

"YES I have gained a world of confidence where I don't think this could have been learned elsewhere. I learned aseptic technique better than I could have elsewhere and it will stay with me. Learn importance of chemicals and their limitations."

"Yes - because I better understand patients feeling about surgery. Also how people feelings can be changed by the stress etc. they work under."

"Yes - because it teaches one the importance of technique and how to go about it, adapting to situations, and getting along with people under stressful situations."

- "- Became more aware of interpersonal relationships among members of medical team
- Received a good foundation in aseptic technique
- Became better acquainted in human anatomy and various surgical procedures.
- Made me a little more confident in my ability to operate in a stress situation."

School Number VI (two participants)

Answers.--- "Yes. Realization of surgical technique will help in explanation to pt.
Participation gives insight into feelings aroused in Doctor, other personnel - as caused by mistakes on own part or others.
Aseptic technique in surgery helps considerably on the floor.
In case of emergency a nurse should be better prepared to cope with it, due to her experience in surgery."

APPENDIX H (continued)

Question Number 7. (continued)School Number VI (continued)Answers.-- "Definitely

1. It has given me self confidence which I definitely needed before the rotation.
2. It has given me an excellent background to help my patients both before and after their surgery concerning
 - a. what to expect
 - b. why there is so much pain
 - c. answer their numerous questions if they are within my jurisdiction to answer.
3. Given me a better idea of the anatomy and physiology of the human body.
4. Helped me in sterile technique
5. Greatly improved my manual dexterity.
6. Showed me how important team work really is.
7. Gave me a greater chance to learn how to anticipate the needs of the doctor and how important and necessary it is to do so."

School Number VII (thirteen participants)

Answers.-- "Yes. It definitely will help me be a better surgical nurse now that we know what is done in O.R.; What to watch for after surgery, how to better prepare the patient for surgery, and how to prevent complications.

It contributes toward developing better relationships with the other personnel and helps us to learn to function in emergency and stressful or tense situations."

"Yes. I have gained confidence in many ways.

When someone asks me about a certain operation or how long it takes, I can answer with confidence and perhaps help allay apprehension. If I did not have this experience, the pts. would not look to me for reassurance which they sometimes need so badly.

I feel more at ease in a stress situation. If I came upon an accident, I'm sure I know more thore what to do than I did before I entered this course.

I learned much anatomy, I learned to know the doctors and I found out the people in the operating room were human too.

Operations I thought was something very dramatic much like T.V. Dramatizes them. After going there, I found they

APPENDIX H (continued)

Question Number 7. (continued)School Number VII (continued)

Answers.--- still were dramatic but there was an ease I also noticed and there is something about working in an operating room perhaps helping save a life that gives one a sense of well being and people look up to you when they know you've been there."

"Yes

1. Better technique
2. Able to meet stress situations more adequately
3. Able to work with Doctors with much more ease.
4. Better understanding of post-operative care.
5. More self confidence.
6. Understanding of anesthesia.
7. Better understanding of anatomy.
8. More efficient nurse.
9. Can anticipate needs of Doctors much better.
10. Better knowledge of pre-operative preparation."

"Yes. It teaches sterile technique, how to assist doctors, et self-confidence. From observations in O.R., caring for surgical patients became much easier et more meaningful. Teaches importance of good pre- et post-op care."

"Yes. It certainly increases your efficiency and organization. It gives us a chance to learn more about human anatomy, both normal and abnormal."

"Yes. I think the most important thing was the stress on strict asepsis - this is something that is very important in every phase of the hospital. No matter where you are this is usually of chief importance.

Also the idea of team work. It was just really something to see this team work in action.

Also we gained a greater understanding for patients post-operatively - learned more about why they feel as they do.

This is an experience that I will probably never go back to, but one which I will never forget."

"Yes, very much because we learned a lot about the sterile technique and I think we are more conscience about contamination. Also, its a very good review of anatomy. In P.A.R. we learned how to care for the patient immediately following surgery. This will be a big help especially if we work in

APPENDIX H (concluded)

Question Number 7. (concluded)School Number VII (concluded)

Answers.--- some small hospital where they don't have a P.A.R. We learn teamwork and how to get along with others while we are under strain."

"Yes. It not only gives you a more confident sense of aseptic technic, but helps you to practice it better throughout your work, in every department. The experience gives you the ability to understand and work better with emergency cases - to realize the methods of hemostasis, respiratory function, circulatory function, and general body function. Especially this, a more workable understanding of the human body, is essential to good nursing care in all areas. I believe O.R. nursing is necessary and cannot imagine being deprived of the knowledge gained there. (In addition to this, the relationship with the other medical team members is not obtained in any other area of nursing quite as it is in O.R.)"

"Yes - because I understand surgery better and the care of surgical patients."

"It has made surgery more of a reality too me and given me an appreciation for what my patients have undergone and what was done for them. It also has given me a workable knowledge of asepsis and made me very conscientious about my technique."

"Yes. This experience gave me a chance to know what is going to happen to my patients in surgery. I feel I'm better qualified to relieve their anxieties now that I myself know what is going to happen. It also helped me to know whether or not I want to go into that particular field after graduation."

"Very definitely. (I think I have previously answered this question in question 3.)"

"Yes. (1) It has given me a better understanding of anatomy.
 (2) I have knowledge about operative procedures.
 (3) I can better reassure patients of what is ahead.
 (4) I appreciate and practice better aseptic technique.
 (5) I understand people better and can work under stress situations.
 (6) I learned to take criticism."

Typed by
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