



## What factors within the peri-operative environment influence the training of scrub nurses?



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### ABSTRACT

The aim of this study was to extrapolate factors within the peri-operative environment which influence the acclimatisation of novice scrub nurses by exploring the lived experience of learning from both a novice and expert perspective.

Insights to the cultural perioperative environment which have not previously been explored can be identified. Comparing how novices view their environment with how expert mentors see it is useful in order to plan targeted learning goals.

Two groups were considered; one group consisting of 6 novice scrub nurses and the other consisting of 7 senior scrub nurses teaching novices in a large tertiary teaching public hospital in South Australia. Individual interviews and a focus group interview were digitally recorded and field notes were taken. A Heideggerian structural approach with a vanManen immersive aspect was taken for the data collection and Ricoeur's hermeneutic theory of interpretation was utilised for data analysis.

Five emergent themes were isolated from the data: *Challenges to proficiency, Fear, Expectations, Support and Adaptation*.

The study revealed that novice scrub learning is externally modulated by their perioperative cultural surroundings and the support of the senior staff. Senior scrub staff investment in educating novices was dictated by their perception of novice attitude.

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### Summary statement

#### Why is this research needed?

- There is a world shortage of experienced trained scrub nurses.
- There is a need to train more scrub nurses while maintaining patient safety and not antagonising the surgeons.

#### What are the key findings?

- Novice scrub nurses need a safe environment to learn and practice skills.
- The peri-operative orientation program needs to be more structured with some means of assessing the novices to determine when they are competent.

- There is a need for trained preceptors who are able and willing to teach.
- The ratio of novices to experienced staff needs to be maintained to ensure that novices are always supported.
- Novice scrub nurses must not be moved around before competence in one clinic is attained.
- Novice scrub nurses and medical staff must have an input on how novice scrub nurse training is conducted.
- Potential novice scrub nurses need a good understanding of anatomy and physiology.

#### How should the findings be used to influence policy/practice/research/education?

- Novice scrub nurses must not be used as substitutes for casual or agency staff.
- The number of new novice scrub nurses recruited into the peri-operative area must be balanced against experienced staff.

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- Novice scrub nurse training must be continuously assessed to ensure that it remains relevant to the developing challenges in healthcare.

## Introduction

Nursing education should be continuously reviewed to ensure relevancy by responding to changes in healthcare (Page-Cuttrara, 2007) and adult learners should have their perspective of learning considered and have an input regarding their educational needs (Jeffrey and Clarke, 2010). By studying the lived experience of learning in the peri-operative environment, existing methods of training may be evaluated to investigate factors that may contribute to the local shortage of scrub nurses. This study can potentially guide educators on how the novices would like their learning to be structured and where improvements can be made to boost patient safety and increase retention of scrub nurses.

## Background

A nurse shortage in Australia (Shacklock and Brunetto, 2012) has resulted in a scrub nurse shortage. Yet there is a scarcity of literature dealing with scrub nurse training particularly from the novices' perspective. Most information available is in the form of overseas peri-operative orientation programs (Wilson, 2012) and studies utilising journals kept by novices (Kuiper, 2004). There is a world shortage of scrub nurses (Finger and Pape, 2002; Mikhail, 2005; Page-Cuttrara, 2007) with graduate nurses being recruited directly into the peri-operative area (Arndt, 1998; Australian Health Workforce Advisory Committee, 2006; Persaud, 2008) and experienced scrub nurses recruited from overseas. This shortage has resulted in a vacuum which is being filled by scrub technicians in other countries (Center, 2007; Mikhail, 2005; Roberts et al., 1974). Universities aim to train general nurses (Arndt, 1998; Taylor and Care, 1999) and further training is not immediately available to graduate nurses in South Australia.

Most of the learning occurs in the clinical setting while delivering patient care (Heizenroth, 1996) resulting in both teacher and learner being subjected to time pressures (Graeme, 2012) by the hospital and surgeons (Cendán and Good, 2006). A lack of acceptance by other nurses (Herbert, 2003) and disruptive behaviours by surgeons such as verbal intimidation (Higgins and MacIntosh, 2010) affect learning. Hierarchy, combined with a culture of "keeping the peace" within the operating room prevents nurses from speaking out (Makary et al., 2006; WHO, 2009) and experienced scrub nurses may practice "gatekeeping" restricting the sharing of information (Riley and Manias, 2006). Novices may lack support and acceptance resulting in social isolation (Wilson, 2012) because senior nurses do not want competition (Heizenroth, 1996; Wilson, 2012). Status guarding results in a lack of trust and cooperation between nurses which can be attributed to weak management and senior staff (Lindwall and von Post, 2008).

Surgeons expect to work with experienced scrub nurses (Higgins and MacIntosh, 2010) that keep pace with them (Lingard et al., 2004). Senior nurses expect the novices to learn fast with minimum instruction and minimum practice (Wilson, 2012).

## The study

### Significance of the study

Although there is literature available on the orientation of novices into the perioperative environment (Heizenroth, 1996; Page-Cuttrara, 2007; Wilson, 2012), the training of scrub nurses should be continually assessed beyond initial orientation so that

their functioning patterns remain responsive to evolving challenges (Page-Cuttrara, 2007). Improved training of novice scrub nurses could positively impact on patient safety and increase retention.

### Aim

The aim of this study was to explore the lived experience of learning of novice scrub nurses in order to understand what factors in the peri-operative environment affect their learning.

### Design

This study employed an interpretive phenomenological methodology to explore the lived experience of learning in the peri-operative environment of novice scrub nurses, their interactions, the things that matter to them and what affects them emotionally. Interviewing those that are involved in teaching the novices enabled triangulation across two data sources to check data dependability (Sandelowski, 1986). Individual interviews were utilised for the novice scrub nurses. One focus group interview consisting of five senior scrub nurses was also conducted exploiting group dynamics to elicit rich experiential data (Asbury, 1995).

### Participants

Purposeful sampling was used to recruit two groups; one group consisting of 6 novice scrub nurses and the other consisting of 7 senior scrub nurses teaching novices in a large tertiary teaching public hospital in South Australia. This institution provides nursing student placement as well as support for graduate nurses. It is the largest trauma surgery centre in the state with over 20 operating rooms. To be included in the study participants had to be either novices learning to scrub or senior nurses teaching novices. A novice was either an enrolled or a registered nurse with less than a year of experience who still needed guidance when scrubbing for a case. Senior nurses were either clinical nurses in charge of clinics or peri-operative educators.

### Data collection

Occupational demographic details were requested to determine eligibility for inclusion criteria. Data was collected in April 2012 through individual and focus group interviews that were digitally recorded and then transcribed verbatim. Pre-prepared open-ended questions were used as guides during the interviews with prompts or clarification asked for where needed. See Table 1. Field notes were taken.

### Ethical considerations

Ethics approval was granted both by the hospital where this study took place and the University. All participants were given information sheets concerning the study before signing consent forms. A participant was free to withdraw at any time from the study without penalty or judgement.

### Data analysis

To maintain congruence with the hermeneutic phenomenological methodology of Heidegger and the hermeneutic research method of Van Manen, Ricoeur's hermeneutic theory of interpretation by distanciation was utilised for data analysis (Geanellos, 2000). Naïve reading was performed prior to structural analysis (interpretive reading). The process of data analysis involved the

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