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Lived Experience of Post-licensure Nurses in a Perioperative Clinical Rotation

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THE LIVED EXPERIENCE OF POST-LICENSURE NURSES IN A PERIOPERATIVE
CLINICAL ROTATION

Presented in Partial Fulfillment of the
Requirements for Degree of
Doctor of Philosophy in Nursing Education

Nova Southeastern University

Amy Stahley
2019

NOVA SOUTHEASTERN UNIVERSITY
HEALTH PROFESSIONS DIVISION
RON AND KATHY ASSAF COLLEGE OF NURSING

This dissertation, written by Amy Stahley under the direction of her Dissertation Committee and approved by all members, has been presented and accepted in partial fulfillment of requirements for the degree of

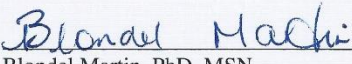
DOCTOR OF PHILOSOPHY IN NURSING EDUCATION

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Abstract

A projected deficit in the perioperative workforce of 32,000 perioperative nurses retiring by 2024, creates an inability to meet the nursing needs of the United States population. The need for experienced perioperative nurses has been increasing while the availability of nurses with perioperative education has been decreasing. The purpose of this phenomenological study was to explore the lived experience of post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program and did that experiential experience affect the recruitment and employment for perioperative nursing to halt the impending shortage. The integrations of Kolb's experiential learning theory and Bandura's theory of self-efficacy model was the framework that supported the study. Thirteen interviews were conducted using van Manen's (1990) method for researching the lived experience. The two themes emerging from the data were value and attitude. Subthemes under value are gaining knowledge and skill set and a different type of nursing. Subthemes under attitude are (a) communication with the medical team and advocacy for families and patients. The experiential perioperative clinical rotation affected the study participants' interest for working in the operating room (OR). Most had a highlighted interest in the specialty, and those participants' not choosing the OR as their choice of employment expressed that the experience positively affected the type of nurse they are today. Experiential learning can build the fundamental knowledge necessary to understand the novice perioperative nurse's role as a career choice.

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Chapter One

Problem and Domain of Inquiry

The profession of nursing is the largest health occupation, consisting of 4.0 million registered nurses in the United States (US; Kaiser Family Foundation, 2016). Due to the increased coverage of the Affordable Care Act (ACA), the demand for qualified nurses to care for previously uninsured Americans will rise significantly (Kaiser Family Foundation, 2016). The employment need of registered nurses is expected to rise by an additional 437,000 nurses from 2016 to 2026 (Bureau of Labor Statistics, 2017). With an aging population comes the societal challenge of acquiring additional nurses to meet the burgeoning demand in health care. In addition, growth within preventative and community-based nursing care will increase due to the chronic conditions associated with the aging needs of the baby boomer population (American Association of Colleges of Nursing [AACN], 2014).

Nursing education has adopted educational standards to ensure that nurses are prepared for practice with standard knowledge, skills, and abilities. The standards cover specific direct patient care skills while others are broader and incorporate knowledge about science, health care delivery systems, patient advocacy, and research (AACN, 2014). These standards ensure entry-level nurses are prepared and accountable to provide quality care to the public. There is a wide range of nursing specialties and medical care areas nursing students are exposed to during clinical rotations, such as cardiology, emergency department, pediatrics, obstetrics, oncology, dialysis, and critical care. One

underutilized area not readily offered for nursing students is clinical experience within the preoperative, intraoperative, and postoperative phases of care. Exposure to these areas may afford students experiences in the nursing process, teamwork, interprofessional collaboration, and work environment as well as stimulate an interest in pursuing this specialty in their career (Association of periOperative Registered Nurses [AORN], 2015a).

Shortage of Perioperative Nurses

An impending critical shortage of perioperative nurses has been noted since 1991 (AACN, 2014; Messina, Ianniciello, & Escallier, 2011; Mollohan & Morales, 2016). A shortage of registered nurses in the operating room can lead to potential life-threatening situations (World Health Care Organization, 2017). With current trends toward diminishing health care resources, reductions in hospital staffing, increases in outpatient services, more acutely ill patients, and the demand for early discharges, a demand for an increased supply of perioperative nurses to educate the surgical patient is imperative (Gillespie, Chaboyer, Chang, & Werber, 2011). This demand for perioperative nurses is rising in the United States from 1,600 to 3,200 nurses annually with 32,000 of perioperative nurses retiring by 2024 (AORN, 2015a). The retirement of experienced perioperative nursing workforce is forewarning a percentage of the workforce's impending departure. Therefore, if left unattended, a projected deficit in the perioperative workforce creates an inability to meet the nursing needs of the U.S. population (Bacon & Stewart, 2016).

According to Affordable Care Act (2017), it is estimated that up to 33 million U.S. residents will become insured through ACA's expanded coverage. ACA can control

health care costs and improve health care delivery systems. With the projected influx of patients coupled with the nursing shortage and aging perioperative workforce, there is a fear that non-emergent surgeries may need to be postponed (Bacon & Stewart, 2016; Batun, Denton, Huschka, & Schaefer, 2011). The reduction in an experienced OR workforce has the potential for a significant loss of knowledge in this specialty area, and this loss of competency could affect patient safety (AORN, 2017; Gillespie et al., 2011).

Historical Perspective of Students in Perioperative Clinical Rotations

Hippocrates provided the earliest reference to surgical support (Groah, 1983; Rothrock, 2014). Images of able-bodied male assistants restraining patients during surgical procedures were sketched within the Middle Ages (Meade, 1968; Rothrock, 2014). By 1880, a student rotation in the operating room was a common experience within a diploma nursing program curriculum (Kneedler & Dodge, 1991; Marta, 1987). Nurses acquired the role of assisting the surgeon because they upheld mandatory characteristics of diligence and obedience necessary for surgical work within this time period. By the end of the 19th century, the OR nurse was considered a prestigious role due to nurses' understanding of surgeon peculiarities, importance of cleanliness, aseptic technique, and caring behaviors (Clemons, 1976; Kneedler & Dodge, 1991; Shoup, 1988; Watson, 1988).

The world wars had a predominate growth effect on operating room nursing. The workforce dynamics changed due to the social and demographic shifts. Hence, students and nurses were given new opportunities to experience the operating room. Ghastly war injuries resulted in the pioneering new surgical techniques and tools. A nurse's role and

scope of practice amplified to a proactive patient care advocate (Kneedler & Dodge 1991; Shoup, 1988).

Upon the completion of the world wars, however, nurse educators and hospital managers continued to question the value of a surgical nurse, for the role was viewed as vocational (Clemons, 1976; Groah, 1983; Shoup, 1988). By the late 1940s, a gradual progression to eliminate participative perioperative learning activities from nursing school curricula resulted in a diminished profile of the perioperative nurse and grave concerns for the specialty (Dunn, 2014; Kneedler & Dodge 1991). These concerns led to the formation of the Association of Operating Room Nurses in 1949, a professional organization that embodies the vision of nurses engaging and delivering care to patients undergoing surgery (Driscoll, 1976). Throughout the 1960s, paramedical personnel were trained for the operating room resulting in fewer nurses entering into the profession (AORN, 2007). The development of perioperative standards and competencies have been recognized and instituted internationally (AORN, 2007, 2014a; Australian College of Operating Room Nurses [ACORN], 2014).

One reason cited for the decline in perioperative rotations for students was the elimination of the traditional medical model in nursing education programs. This model was replaced by the adoption of nursing conceptual frameworks to guide nursing practice in the late 1960s and early 1970s (Clemons, 1976). As a result, clinical experiences that emphasized technically oriented skills, such as the perioperative experience, were gradually removed from nursing curricula (AORN, 2007; Girard, 2004). Nurse educators believed that technical proficiency could be gleaned through practice experience (AACN, 2008; Beal et al., 2011). During the mid to late 1980s, nursing students increased their

educational experience to a baccalaureate degree to improve critical thinking, integrate research and ethics from theory to practice, and improve health education to diverse populations (Beal et al., 2011). Clinical rotations dwindled to a patient follow-through or an observation only in many nursing programs (Castelluccio, 2012; Gillespie, 2011; Lydon & Burke, 2012; Neacsu, 2006). In 1999, the AORN decided to change the organization's name to the Association for periOperative Registered Nurses, and in doing so, ensured that the term "perioperative" nursing became part of modern language (AORN, 2011, 2014a).

Other factors that have contributed to the elimination of the perioperative experience from today's basic nursing programs include limited questions on registered nurse (RN) licensure exam related to perioperative care delivery, crowded nursing curricula, inability to obtain qualified instructors, and a lack of appropriate clinical resources (Beal et al., 2011; Holmes, 2004; Marta, 1987; Sigsby & Yarandi, 2004). The National Council of State Boards (NCLEX-RN) examination content is analyzed and determined by test writers, reviewers, and nurse educators deemed important for entry-level nurses to carry out client safety (National Council of State Boards [NCSBN], 2016). According to NCSBN (2016), intraoperative questions related to a "reduction of the potential clients to develop health problems relating to procedures, treatments, and existing conditions" (p. 1) and thus they were eliminated from the NCLEX-RN test plan. Therefore, the perioperative content is not deemed necessary in order for novice nurses to deliver safe care to patients.

Limited Educational Preparation

Today, health care systems are attempting to replace RNs with allied health care providers who lack the education to provide quality patient outcomes within the operating room. According to the AORN (2017), “every surgical patient deserves a perioperative registered nurse for the duration of any operative or other invasive procedure and actively promotes laws and regulations to ensure the supervisory presence of the professional RN in the perioperative setting” (p. 1) Thus, strategies that assure exposure to efficient and safe staffing priorities without compromising perioperative patient safety need to be considered.

Perioperative educational experience in nursing student curriculum is limited or nonexistent in undergraduate programs (Clark-Burg, 2008; Gillespie et al., 2011). Today’s nursing schools rarely offer perioperative nursing clinical rotations, thereby giving students minimal exposure to the challenges and rewards of perioperative nursing (Messina et al., 2011). According to the AORN (2011, 2015a), graduate nurses seeking employment do not have the prerequisite knowledge or skill to make an informed decision about a career in the OR.

Demand for Perioperative Nurses

According to Ball, Doyle, and Oocumma (2015), the need for experienced perioperative nurses has been increasing while the availability of nurses with perioperative education has been decreasing. In addition, supervisors of the operating room are hesitant to hire nurses with no perioperative experience (Gregory, Bolling, & Langston, 2014).

Students who experienced minimal and/or observatory exposure to the perioperative setting may have an incomplete idea of the specialty. Ricketts and Gray

(2010) discussed nursing students' preconceived ideas of perioperative nursing to be technical and skill-based with minimal requirements for critical thinking. Callaghan (2011) discussed nursing students' perceptions of perioperative nursing as surgical intervention that offered invisible opportunities for nursing care. Unfortunately, many programs provide only limited inclusion of the theoretical preparation or the culture of perioperative nursing (Gillespie et al., 2011). To counter these obstacles, perioperative staff members and interested nursing schools across the country have experimented with collaborative learning opportunities to expose nursing students to positive perioperative experiences (AORN, 2011). The educational preparation of students in perioperative nursing should provide the foundation of knowledge and skill that contributes to the character and development of a nurse's decision making and choice in practice settings (Benner, 2001; Holmes, 2004).

Academic Service Partnerships

The AACN (2016a) recommended "initiatives aimed at positioning nursing faculty in clinical practice settings to connect clinical service more closely to the academic mission of the school of nursing" (p. 4). An intentional academic service partnership was developed between the health care agency and university to enhance an awareness of perioperative nursing in order to assist in meeting the perioperative workforce demands. Value-added benefits of academic partnerships include shared resources related to personnel, educational, research opportunities, enhanced organizational outcomes through joint participation in quality improvement and program evaluation projects, and prospective employment for students after graduation (AACN, 2010). Benefits of academic service partnerships have been well documented in the

literature and includes (a) increased student and staff satisfaction, (b) increased clinical sites and preceptors, (c) increased collaborative opportunities for research or quality improvement projects, (d) smoother transitions from a student nurse role to a practice setting nurse role, and (e) positive patient outcomes (Beal et al., 2012; Pearson, Wyte-Lake, Bowman, Needleman, & Dobalian, 2015).

Exposure to the surgical specialty through academic service partnerships would be an apparent beneficial need. Hospital nursing programs offer few experiences for RN students due to the minimal number of faculty with perioperative clinical knowledge and defined surgical clinical experiences (Ball et al., 2015; Beal et al., 2011; Gillespie et al., 2011; Penprase, Monahan, Poly-Droulard, & Prechowski, 2016). An academic service partnership involves a collaboration of the health care and academic institutions to develop a curriculum of mutual interest, therefore maximizing efforts to build nursing's workforce (Crabtree, Brennan, Davis, & Coyle, 2016; Penprase et al., 2016). The creation of academic service partnerships benefits health care agencies and academics by joining resources and expertise within the perioperative specialty enriching clinical learning and offers exposure to the specialty and possible employment within the OR (Crabtree et al., 2016). According to Schinka and Raia (2013), academic service partnerships foster the application of evidence-based practice while enhancing a learning culture. Clinical expertise from the hospital OR can be shared with students to encourage growth of confidence and competence in this clinical environment (Bvumbwe, 2016).

The AACN (2016b) is leveraging its resources to assist academic leaders to form academic service partnerships to address the educational steps necessary to reach key outcomes within the perioperative clinical experience. Penprase et al. (2016)

developed an academic service partnership with a major medical center to address the need for future perioperative staffing. The immersion experience “prepared the student nurse to begin his or her role as a novice perioperative nurse with realistic expectations of what nursing practice entails” in the OR (Penprase et al., 2016, p. 190). Minimal application of the surgical concepts in the perioperative practice setting reduces the student’s ability to conceptualize the role of the perioperative nurse (Ball et al., 2015; Callaghan, 2011). Without these partnerships, observational perioperative clinical rotations have a limited exposure to the socialization and real-world surgical specialty.

Experiential Learning and Perioperative Nursing Education

Educational researchers have clearly identified experiential learning as a best practice (Chan, 2012; Lucero, Evers, Roark, & Parker, 2017; Medini, 2017; Sato & Laughlin, 2017; Venkateswarlu, 2017). Experiential learning is used for the student to discover the information, process the information, and apply and reflect on experiential learning they have completed (Chan, 2012). According to Berragan and Grindrod (2014), “experiential learning helps increase critical thinking, enhances performance, and increased preparation to nursing practice” (p. 2). Experiential learning is used to promote self-confidence and enhances competency skills in nursing (Hill, 2017). Applying experiential learning to the perioperative clinical is supportive of the growth of competencies in skills, communication, and critical thinking of nursing students (Ball et al., 2015). Experiencing the scope of knowledge necessary for perioperative nursing through hands-on experience and experience reflection is used to assist the nursing student in making clinical decisions as a member of the perioperative team (Ball et al., 2015; Hill, 2017).

Characteristics of Experiential Learning in Various Disciplines

A variety of activity models exist within various disciplines, consisting of practicum experiences, hands-on laboratory experiences, and field and exchange studies (Chan, 2012; Lucero et al., 2017; Sato & Laughlin, 2017). According to Chan (2012), “the structure is highly dependent on the discipline and in which the assessment takes place; and learning can exist across multiple disciplines to encourage cooperation between students in various disciplines” (p. 406). In addition, how experiential learning enhances the well-being and personal growth and the indoctrination within the work culture is supported in the literature (Dawe & Sankar, 2016).

Sports psychology, engineers, and hospitality students have applied experiential learning characteristics to develop practical skills and a higher level of critical thinking (Chan, 2012; Lucero et al., 2017; Medini, 2017; Sato & Laughlin, 2017; Venkateswarlu, 2017). Sato and Laughlin (2017) engaged sports psychology students in experiential learning to develop the psychological constructs and skills for golf putting competitions. The required course outcomes consisted of the structure of the tournaments, rules, required equipment, scoring systems, and team formation (Sato & Laughlin, 2017). Students applied the experience by playing on a variety of putting greens to reflect upon previous approaches and tactics for golf putting. Thus, students could conceptualize the modification to produce a new approach and experience. The students effectively applied the skills and psychology theories to aid in their career goals (Sato & Laughlin).

Venkateswarlu (2017) implemented experiential learning into an engineering curriculum to address professional conduct and communications when completing a reconstruction project. Assessment measures, such as oral presentations, direct

observations, and reflective journals, were validated by standardized rubrics to ensure the grading process was consistent. The results showed an enhanced knowledge of the concepts, judgement and decision making, resiliency in dealing with set-backs, and cooperative communication (Venkateswarlu, 2017).

Today, experiential learning methods are implemented for hospitality students to assist them in the transition from academics to the service industry. Li and Liu (2016) devised a real-time restaurant for hospitality students to prepare menus and meals for local guests and peers. Students apply marketing and management theory to real-world scenarios. The hands-on experience increases student self-confidence and work ethic (Li & Liu, 2016). The same exposure of experiential learning within a perioperative clinical rotation to provide similar results is supported in the literature (Ball et al., 2015; Fura & Wisser, 2017; Hill, 2017; Lucero et al., 2017).

Characteristics of Experiential Learning in Nursing

According to Hill (2017), “experiential learning was used as a tool, encouraging students to apply their theoretical knowledge in a practical way within the learning environment” (p. 934). In preparation for an objective structured clinical examination (OSCE), Liddle (2014) recruited nursing, pharmacy, and occupational therapy students for an applied experiential learning by practicing and refining their health assessment skills and clinical reasoning within the interprofessional groups. OSCE is used to test one’s ability to apply knowledge to the care of patients rather than how well one can remember and recite facts (Liddle, 2014). The interprofessional group of students reflected upon the knowledge learned to execute the skills and interventions necessary to successfully pass multiple, complex OSCE scenarios. Results of the study indicated a

significance in student-centered engagement, communication, and confidence among the various disciplines (Hill, 2017).

Fura and Wisser (2017) completed a pilot study to evaluate an educational strategy, utilizing a systems approach, to prepare future nurses in the delivery of safe care. A systems approach includes the “ability to recognize, understand, and synthesize the interactions and interdependencies in a set of components designed for a specific purpose” (Dolasky & Moore, 2013, para. 7). A systems approach to nursing involves enhancing the nurse understanding of all facets of the health care system and how the system affects patient care (Dolasky & Moore, 2013). Fura and Wisser (2017) exposed pre-licensure nursing students to systems thinking principles within their didactic and experiential clinical activities, consisting of clinical reasoning to support safe practice environments. The results indicated that the experiential learning strategy positively affected the baccalaureate student nurse (BSN) clinical reasoning by increasing the understanding of the nurse’s role in creating safe practice environments (Fura & Wisser, 2017).

Experiential Learning in the Perioperative Clinical Rotations

Guided perioperative clinical experiences are used for a supportive clinical environment in which students can build their skills by learning through experience (Gregory et al., 2014). Operationalizing experiential learning within the perioperative clinical environment is used to enable nursing students to apply the surgical concepts to concrete experiences, reflect upon encounters, and refine the encounter for future experiences (Ball et al., 2015; Gregory et al., 2014; Kolb, 1984; Nash, Kamel, Sherer, & Nauer, 2018). Reflection of the surgical concepts is used in building fundamental

knowledge necessary to understand the novice perioperative nurse role (Ball et al., 2015; Gregory et al., 2014; Nash et al., 2018).

Problem Statement

Perioperative nursing is a specialty guided by theoretical knowledge, ethical principles, research, specialized clinical skills, and caring practice. The body of knowledge exploring the perioperative nurse role today is minimally present in nursing curriculum. To meet the future demand for perioperative nurses, it is essential to understand why today's students do not choose perioperative nursing. Student nurses are minimally exposed to the scope of knowledge necessary for perioperative nursing. Therefore, the perioperative nurse role is poorly understood. An understanding of the operative role as well as learning nursing students' perceptions once they are post-licensure RNs could affect the recruitment and employment for perioperative nursing in order to halt the impending shortage.

Purpose of the Study

The purpose of this study was to understand the lived experience of post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program.

Research Question

The research question for the study is What is the lived experience of post-licensure nurses who participated in an experiential perioperative clinical rotation and does this experience result in enhancing the students' interest for working in the operating room?

Significance of the Study

Nursing Education

A need to prepare nursing students for a complex workplace is supported in the literature. Academics is charged with providing various clinical experiences to prepare a BSN to critically think to meet today's workforce needs (Benner, Sutphen, Leonard & Day, 2009). Today's health care delivery system is characterized as complex, and possession of competencies necessary for RNs to care for the current population are required (AACN, 2008, 2014). Baccalaureate-prepared nurses are prepared for the generalist role (AACN, 2008). "The generalist nurse provides the human link between the healthcare system and the patient by translating the plan of care to the patient" (AACN, 2008, p. 8).

The growth in the percentage of U.S. citizens greater than 65 years of age, longer life expectancy, and the growth of those living with chronic health conditions will inevitably increase surgical volumes (Bacon & Stewart, 2016). Technological advancements in surgery, the complexity of perioperative care, and the vulnerable situation of surgical patients are factors that demand RNs be educationally interested in and prepared for this specialty (AORN, 2015a; Foran, 2016). AACN developed a rationale for baccalaureate education for nursing practice, which was to "expose graduates to a range of technologies that facilitate clinical care, including patient monitoring systems, medication administration systems, and other technologies to support patient care" (AACN 2008, p. 17). The need for surgery is predicted to escalate; therefore, perioperative nurses will be needed to care for these patients (Bacon & Stewart, 2016). With the dissemination of the findings of this study, stimulated a demand

for academia to assist with perioperative workforce needs was stimulated. By focusing on the perioperative area, knowledge was gained to aid in the development of a strategic curriculum in nursing education to elevate the predicted void of the specialty. With the findings of this study, a case for policy change regarding a revision to the NCLEX-RN was provided to include intraoperative information to support the necessary requirements for a novice perioperative nurse upon graduation.

Nursing Practice

Understanding and interpreting the lived experience of post-licensure nurses who were exposed to a perioperative clinical rotation contributed to learning more about the current perioperative nurse population. Limited exposure of RN students to the perioperative specialty in the nursing curriculum and the minimal association with perioperative nurses has led to a lack of understanding about the culture and population within the OR (Dickinson, 2014). According to the AORN (2015a), graduate nurses seeking employment do not have the prerequisite knowledge or skill to make an informed decision about a career in the OR. Fewer students are exposed to courses and clinical experiences in the perioperative area, contributing to a lack of understanding of the perioperative nurses' role, responsibilities, and patient care delivery experience (Bacon & Stewart, 2016; Callaghan, 2011; Neacsu, 2006).

The Health Resources and Services Administration (HRSA) projects that by 2025 the nursing shortage is projected to grow with an inadequacy of the nursing workforce in varying degrees across the country (HRSA, 2014). According to the AORN (2015a) survey data of its members, the average age of a perioperative nurse is 53 years with approximately 24% contemplating retirement over the next few years. With the current

trend toward diminishing health care resources and an aging perioperative workforce, there is an increased need for perioperative preparation in baccalaureate curriculum (Gillespie et al., 2011, Penprase et al., 2016).

According to Healthcare Cost and Utilization Project (HCUP, 2015), approximately 67% of all hospitalizations encompass a surgical procedure. Approximately 15 million surgical procedures are performed in the US per year (Centers for Disease Control and Prevention [CDC], 2016). Surgical procedures are expensive, and account for approximately 50% of a patient's hospitalization costs (CDC, 2016). According to the AORN (2014b), "there is a continuous need to provide optimal care that is high quality, safe, accessible, cost-effective, and affordable for patients undergoing invasive procedures in all settings" (p. 205). Perioperative nurses are accountable for planning and implementing nursing care to critically "address the physical, psychological, and spiritual responses of the patient having a surgical or invasive procedure" (p. 206). The documentation of this study was used in the prioritization of the perioperative role to meet the workforce demand.

Understanding the OR culture and OR nurses' role affects a nursing student's inclination or awareness of the option to belong to a specific clinical practice area (Malley, Kenner, Kim, & Blakeney, 2015; Mohamed, Newton, & McKenna, 2014). According to Dickinson (2014), student exposure to the perioperative nurse's role influences the decision whether the student chooses the OR as his/her practice area. The dissertation study showed the necessary knowledge of the influences for nurses to choose the perioperative specialty from the interpretations of nursing students' lived experience within this practice world.

Nursing Research

Within the nursing literature, there are few qualitative studies about how post-licensure nurses perceive their perioperative clinical rotation. The dissertation study has narrowed the gap in literature by exploring the perception of post-licensure nurses in a clinical rotation and if student experimental clinical experience results in enhancing the student's interest for working in the operating room. Furthermore, information that was gleaned from this dissertation study about the perception of OR clinical rotations showed why post licensure nurses are not choosing an OR specialty (Findik, Ozbas, Cavdar, Topcu, & Onler, 2015).

Academic service partnerships may facilitate students' ability to gain OR exposure as students to perioperative clinical knowledge and interprofessional education (Byrne, Root, & Culbertson, 2016). The AACN (2011) emphasizes the importance of educating bachelor's-prepared nurses' interprofessional competencies. According to Byrne et al. (2016), "the perioperative setting is an environment in which interprofessional communication and collaboration is essential to address diverse patient outcomes" (p. 599). Today's nursing students may be exposed to the OR, but the quality and the extent of the activities in the OR are limited and inconsistent across the nation (Auerbach, Staiger, Muench, & Buerhaus, 2012; Gregory et al., 2014).

Public Policy

The nursing profession and society stand to gain from recruiting and retaining perioperative nurses. Nationwide nursing is a critical public priority, for there are too few nurses entering the profession at a time when the demands and role of the nurse are changing (Hall, Causey, Johnson, & Hayes, 2012). According to the Institute of Medicine

(IOM, 2015b), it is estimated that up to 34 million U.S. residents will become insured and begin using the health care system by 2024.

The International Federation of Perioperative Nurses (IFPN, 2017), a global organization supporting perioperative nurses, identified a critical shortage of perioperative nursing globally. In order to meet the demands of OR nurses, IFPN recommends that nurses achieve positions of influence on national committees to design and implement innovative perioperative curricula to reflect contemporary practice (IFPN, 2017). There is a conclusion in the nursing literature that the demand for experienced perioperative nurses has been increasing while the availability of nurses with perioperative education has been decreasing (AORN, 2011, 2015a; Ball et al., 2015; Gillespie et al., 2011; Gregory et al., 2014). To address the IOM recommendations and to support the IFPN report, nursing and health care professionals need to take action to address the OR nurse demand by supporting lobbying for increasing the nursing licensure exam content to stimulate an increased focus of the OR specialty in nursing education.

The IOM (2015b) emphasized the need to reduce medical errors and provide safe care to a diverse patient population. Results from the updated IOM report have reinforce the continued need to address safe care through “outcome-based care, and evidence-based practice necessary in the specialized environment of perioperative services” (IOM, 2015a, p. 168). According to AORN (2017), “every surgical patient deserves a perioperative registered nurse for the duration of any operative or other invasive procedure and actively promotes laws and regulations to ensure the supervisory presence of the professional RN in the perioperative setting” (p. 3). Changes in Senate Health and

Welfare Committees policies have supported the need to maintain an RN circulator for every patient room for safe care.

The outcome of this study influenced nursing education policy and health care policy. Obtaining evidence as to why students do not choose perioperative nursing is essential for future recruitment and employment for safe, quality care to patients in the OR.

Philosophical Underpinnings

Phenomenology is simultaneously a philosophical approach and a research method (Van Manen, 1990). Philosophically, phenomenology approaches the world in a particular way by capturing the lived experience (Merleau-Ponty, 1962). “The interpretivist framework of inquiry supports the ontological perspective of the belief in the existence of not just one reality, but of multiple realities formulated and transformed by the knower, thus reflecting the ontological perspective” (Lavery, 2003, para. 20). Denzin and Lincoln (2000) discussed how realities are neither more nor less true, but specifically constructed. This paradigm has a reflection of an assertiveness about knowledge, not a grouping of thoughts (Polkinghorne, 1983). Epistemologically, the rapport is between the knower and the known. Denzin and Lincoln (2000) believed the creation of the findings is through the investigator and the one being investigated, and the investigator is the fervent participant. The methodology from the interpretivist perspective is a method of the interpretation and interface between the investigator and research participants (Kakkori, 2009). The key intentions are understanding and reconstructing the experience of information.

Husserl (1962) termed the reexamination of things themselves as a rigorous research method in phenomenology. Phenomenological inquiry asks about the meaning of human experiences (Van Manen, 1990). The intent of phenomenological research is to interpret and to understand as opposed to observing, measuring, and predicting (Van Manen, 1990). Husserl and Heidegger advanced the development of phenomenology as a human science. Husserl contended the life-world is presupposed in mathematical traditions (Cohen, 1987). Husserl sought faithful descriptions of the life-world experienced by humans. To enhance this faithfulness, he incorporated the concepts of intentionality and reduction into his view of phenomenology.

Research Traditions

The term phenomenon was used in the scientific writings of Immanuel Kant in 1786 to emphasize his contention that only the appearance of things rather than the actual things can be known (Cohen, 1987). According to Cohen (1987), the early or preparatory phase of the phenomenological movement started in the 19th century when Brentano and Stumpf called attention to the importance of individual perceptions and “intentionality” or consciousness in the study of phenomena of importance to humans.

The German philosophers Husserl and Heidegger were staunch advocates and scholars who advanced the development of phenomenology as a human science (Cohen, 1987). Edmund Husserl is considered to be the founder of the philosophical tradition of phenomenology. According to Lavery (2003), Husserl’s initial work was in the field of mathematics, but his interest in philosophy eventually overshadowed his earlier leanings. Husserl emphasized the importance of describing the structure of the life-world, which was a departure from the traditional objective measurement traditions of Galileo and

Descartes. He defined intentionality as the “internal experience of being conscious of or responding to something through individual perceptions” (Lavery, 2003, para. 5).

Heidegger’s hermeneutical phenomenological traditions are built upon the foundations of Husserl. Heidegger emphasized the importance of interpreting underlying meaning; the hallmark of the hermeneutic perspective, therefore humans exist in the world in various situations (Kakkori, 2009). The focus of this approach is on illuminating those details that seem ordinary or trivial in daily life in order to create an understanding of their meaning.

After World War II, the phenomenological movement was vigorous in France. The French philosophers Merleau-Ponty, Sartre, and Beauvoir continued the work of Husserl and Heidegger, which then evolved into phenomenological existentialism (Cohen, 1987). During the French phase of the movement, the concept of embodiment or “being in the world” through each person’s individual perspective was added. Merleau-Ponty proposed four existential life-worlds that can be used to facilitate inquiry, reflection, and writing.

Prior to the French phase, phenomenology was purely a philosophy rather than a method (Cohen, 1987). Ricoeur drew his inspiration from Husserl by combining phenomenological description with hermeneutic interpretation (Ricoeur, 1970). Ricoeur was concerned with interpretation and that “human action should be understood as text and that such an approach would enable better understanding and interpretation” (Davidsen, 2013, p. 326). Gadamer accepted Heidegger's declaration that that our very existence is hermeneutic (Gadamer, 1989). Similar to Heidegger, Gadamer underscores

the effect of the interpreter's perspective and the existential component of this understanding (Gadamer, 1989).

Van Manen (1990) drew from Heidegger's hermeneutical phenomenology, emphasizing the "human science aim at explicating the meaning of human phenomenon and at understanding the lived structure of meaning" (p. 4). The objective of hermeneutic phenomenology is the "discovery of meaning that is not immediate manifesting to our intuiting, analyzing, and describing" (Cohen & Omery, 1994, p. 146). Van Manen's (1990) work is underpinned by hermeneutics and phenomenology. Van Manen (1990) added to the research tradition of phenomenology by understanding how researchers become mindful of how to understand the world of phenomena.

Theory

Theory is used to clarify proceedings through constructs, concepts, predictions, and explains the phenomenon of nursing (Meleis, 2012). Nursing theorists help to distinguish the basis of practice by explicitly describing nursing. Applying theory to the nursing profession is used to differentiate nursing from other disciplines and clarifies the objective of nursing practice (Meleis, 2012).

Two distinguished theories have supported the framework for this dissertation study. Kolb's (1984) theory of experiential learning "is a continuous process, whereby knowledge is created through the transforming experience, into existing cognitive frameworks, and changes the way an individual thinks and behaves" (p. 26). The learner's "experiences are grasped through apprehension or comprehension" (Lisko & O'Dell, 2010, p. 106). During the participation of the actual experiences, apprehension takes place, whereas during the use of abstract conceptualization, comprehension occurs

(Pai, 2016). Bandura's (1986) self-efficacy theory is "the individuals' belief about their abilities, and the outcomes of their efforts that influences how one behaves" (p. 396).

Kolb's Learning Styles that Transform Knowledge

For learning to occur, the experiential learning theory describes four modes of understanding the experience through the following learning styles of accommodation, diversion, conversion, and assimilation (Kolb, 1984, p. 26). The accommodating learner prefers a hands-on approach. Learners who prefer to gather information and use their imagination to solve problems are considered diverging learners. Converging learners consider new ideas that are abstract and separate from the actual experience. Thus experimentation and completion of technical tasks applies to this learner. Lastly, the assimilating learner internalizes the learning through a concise and logical approach.

The learning cycle model. The majority of learners show a preference for a specific learning style (Kolb, 1984). Kolb's learning style is visualized as a cyclic learning model consisting of four stages: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb, 1984). In order for learning to be successful, all stages must be experienced, but not all stages need to be experienced equally. The cycle begins with the concrete experience, which relies on the open mindedness of the learner and the reflective observation to make sense of the experience. The learner experiences abstract conceptualization by formulating logic and ideas, which also incorporates active experimentation. The instructor can apply various teaching methods to facilitate the movement of learners through the cycle that fits the particular learning style (Pai, 2016).

Assumptions of Kolb's Theory of Experiential Learning

The major assumptions of Kolb's experiential learning are (a) learning is a continual process, not an outcome; (b) learning is grounded in personal experience; (c) learning requires resolution of conflicts and that which is appropriate use for knowledge; and (d) learning involves interactions between the individual and the environment; therefore, experiences are transformed into knowledge and actions (Kolb, 1984). Learning is the constant, all-encompassing central life task, and how one learns becomes a major determinant of personal development. The application of Kolb's experiential learning can assist with the application of theoretical knowledge, ethical principles, research, and the development of specialized clinical skills and caring characteristics necessary for perioperative nursing.

Bandura's Theory of Self-Efficacy

Individuals with high levels of self-efficacy and a willingness to pursue their goals possess the belief that they are capable of completing their goals regardless of any possible controversy they may encounter (Pai, 2016). The development of self-efficacy is from mastering experiences in which goals are achieved by observing others' successes, and perseverance (Bandura, 1986). The mastery experience is the most influential source of self-efficacy (Bandura, 1986). Utilizing goal setting, applicable curricular material, and reflection of progress can increase self-efficacy (Pai, 2016). The second source of self-efficacy is living vicariously by aspiring to be successful through modeling behaviors, to be like others who have attained a high level of competency (Bandura 1986). Lastly, verbal persuasion of encouragement from others and positive self-talk to decrease anxiety will strengthen the confidence of one's ability to succeed (Bandura,

1986). The evaluation of self-efficacy and the outcome expectations for behavioral change is imperative.

Assumptions of Bandura's Theory of Self-Efficacy

Bandura's premise is that the perception of an individual's self-efficacy affects all aspects of the learner's educational experience. Motivation, interest, and achievement can be affected by an individual's belief to competently and successfully perform a task (Bandura, 1986). According to Bandura (1986), there is a relationship between learners' deep commitment towards achieving their goals and a high perception of efficacy in themselves through social interaction. The learning environment should promote activities that encourage self-comparison versus competition to enhance self-efficacy (Pai, 2016).

Integration of Kolb and Bandura's Model within Perioperative Education

The integration of Kolb's theory experiential learning theory and Bandura's theory of self-efficacy model is conceived by the researcher in a continuous figure eight cycle and informs this research (see Appendix B). Kolb's learning cycle can be utilized to enhance self-efficacy at various stages. Verbal persuasion can be shown by corrective feedback within the reflective observation stage (Bandura, 1986; Kolb, 1984). Within the abstract conceptualization stage, modeling, demonstration, self-talk, and the observation of others can be observed and obtained (Bandura, 1986; Kolb, 1984). Lastly, as the learner re-enters the learning cycle and revisits the concrete experience stage, performance attainment through modeling can occur (Bandura 1986; Kolb 1984).

Theories Applied to Perioperative Clinical Education

The experience within any clinical setting can be vicarious, and students need to feel successful and confident at performing a task through reflective experiences (Fok-Han, Martin, & Batty, 2009). Within the concrete experience, students can experience specific perioperative curricular outcomes, guided by a surgical nurse to focus on the experience. Reflective observation is used for students to share thoughts and feelings about the experience. The surgical nurse should provide verbal and written feedback in both formative and summative evaluations to direct the desired performance (Bandura, 1986; Kolb, 1984). Assigned readings, scholarly journals, and textbooks can be coordinated with testing, demonstrations, and concept mapping to facilitate understanding of concepts and enhance self-efficacy through modeling and abstract conceptualization (Bandura, 1986; Kolb, 1984). The active experimental phase is when the students can apply their knowledge of surgical asepsis, patient positioning, and participate in quality/safety control in a non-threatening simulation or clinical environment (Kolb, 1984). Learning interactions need to be purposeful and progressive and will build on prior knowledge. Performance attainment will be achieved when the student receives a strengthened perception about the ability to perform the role necessary for perioperative nursing (Bandura, 1986).

Definition of Terms

For the purpose of this study the following terms were defined.

1. A post-licensure nurse is a registered nurse who graduated from a four year baccalaureate program.
2. The perioperative period is historically acknowledged as the care of patients in the immediate preoperative, intraoperative, and postoperative phases of the

surgical experience (AORN, 2015b). Each of these operative phases can be practiced in a variety of ambulatory and acute care settings (Rothrock, 2014).

3. A perioperative clinical rotation is the period of time that commences with the decision to participate in the surgical course/clinical and ends with the completion of the clinical experience.
4. The perioperative phase is the time period when the surgical procedure is decided and scheduled by the surgeon with the patient's consent and includes the sequence of events including the preoperative, intraoperative, and postoperative patient care (AORN, 2014b).
5. The perioperative nurse is a registered nurse who utilizes "the nursing process to develop individualized plans of care and to coordinate and deliver care to patients undergoing operative or other invasive procedures" (AORN, 2015b, p. 694)

Chapter Summary

Nursing education is structured for a generalist role, thus creating a deficiency of any in-depth experience in perioperative curricula. Numerous perioperative partnerships between health care agencies and nursing schools are in place with a mission to reintroduce perioperative nursing to students without inquiry to their experiences (Ball et al., 2015; Clark-Burg, 2008; Findik et al., 2015; Foran, 2016; Gregory et al., 2014). There have been few qualitative studies in which the experiences of post-licensure nurses participating in a perioperative clinical rotation have been examined (Callaghan, 2011; Foran, 2016; Meyer; Van Schalkwyk, & Prakaschandra, 2016).

A need to prepare nursing students for a complex and diverse workplace is supported in the literature. There is a need for nursing education to incorporate experiential learning in highly specialized clinical areas, such as the OR, in order to meet the necessary need for OR nurses within the community. New registered nurses educated within the OR helps to meet the demand for nurses in this specialty. Nursing students' understanding of the OR culture and role may improve employment and retention of nurses in the specialty. Attention to the perioperative nursing role could also help meet the nursing workforce need, thus benefitting patient care, the nursing profession, and society as a whole. This interpretive phenomenological study contributed to nursing education, nursing practice, nursing research, and nursing policy.

Chapter Two

Review of the Literature

This chapter reviews the literature surrounding nursing education, nursing students, perioperative clinical rotation, lived experience, nursing student, and post-licensure nurses' perceptions. A literature search using EBSCO host, Proquest, Cumulative Index to Nursing and Allied Health Literature (CINHAL), Education Resources Information Center (ERIC), PubMed Health (PMH), Internet Web sites, and books were used. The literature keywords include nursing education, graduate nursing students, perioperative clinical rotation, lived experience, student perceptions, post-licensure nurses' perceptions, David Kolb, Albert Bandura, experiential learning, perioperative nurse shortage, phenomenology, and van Manen. An overview of the literature specific to the history of perioperative workforce, deficit of OR nurses, demand for OR nurses, value of academic service partnerships, impact of limited educational experiential learning, theory, phenomenological methodology, and perceptions of the post-licensure nurses who participated in perioperative clinical rotation will be explored as will the investigator's own experiential context.

History of Perioperative Nursing Role Changes

Traditionally, perioperative nursing does not experience a high influx into the specialty. An impending shortage of perioperative nurses has been noted since 1991 (AORN, 2015a, 2016; Messina et al., 2011; Mollohan & Morales, 2016). Hippocrates provided the earliest reference of surgical support in the OR (Groah, 1983; Meade, 1968;

Rothrock, 2014). The role of the OR nurses gained notoriety in the 19th and 20th centuries for their knowledge of aseptic technique, patient advocacy, and caring behaviors (Clemons, 1976; Dunn, 2014; Groah, 1983; Kneedler & Dodge 1991; Shoup, 1988). According to Messina, Ianniciello, and Escallier (2011), diploma nursing schools comprised the majority of nursing programs before 1960 and provided extensive clinical exposure to students, which included the operating room (OR). Since the 1970s, there has been a shift in college- and university-based nursing education to not provide OR exposure to students due to curricular constraints and lack of faculty interest (AACN, 2008, 2014; Ball et al., 2015; Driscoll, 1976; Rebesch & Aronson, 2009).

According to AACN (2008), “learning opportunities, including clinical experiences, must be sufficient in breadth and depth to ensure the graduate attains these practice focused outcomes” (p. 36). Nurse educators focused on medical-surgical areas to meet these criteria. Perioperative clinical rotations dwindled to a patient follow-through or an observation only in many nursing programs (Castelluccio, 2012; Gillespie, 2011; Lydon & Burke, 2012; Neacsu, 2006). Nurse educators and the NCSBN deemed perioperative content as unnecessary to prepare novice nurses to provide safe care to patients (AACN, 2008; Beall et al., 2011; Holmes, 2004; Marta, 1987; NCSBN, 2016; Sigsby & Yarandi, 2004).

With the current trends of more acutely ill patients, diminishing health care resources, and an aging perioperative nurse workforce, the need for perioperative prepared nurses is imperative in order to deliver quality care (AORN, 2011, 2014a; Auerbach et al., 2012; ACORN, 2014; Gillespie et al., 2011). Many of today's nursing students have minimal to no exposure to the operating room, and there is a growing

concern that future nurses may be reluctant to seek employment in the operating room (Auerbach et al., 2012; Callaghan, 2011; Crowley, 2011; Dickinson, 2014). Little is known about the factors that influence the choice of perioperative nursing as a career.

Demand for Operating Room Nurses

Due to the increased coverage of the Affordable Care Act, the demand for qualified nurses to care for previously uninsured Americans will rise significantly (ACA, 2017; Kaiser Family Foundation, 2016). According to the Association of periOperative Registered Nurses (2017), an estimated deficit in perioperative nursing will begin as early as 2015 and will reach approximately 285,000 full-time equivalents by 2024. The implications for sustained perioperative nursing leadership is critical (AORN 2015a, 2017; Bacon & Stewart, 2016; Batun et al., 2011). According to the Association of periOperative Registered Nurses (2015a), 60% of current OR managers are over the age of 50, and 21.5% plan to retire by 2020.

As the nursing workforce ages, the need for perioperative nurses is set to increase, and as the population ages, more people are going to require surgical procedures (AORN, 2015b, 2017; Ball et al., 2015; HRSA, 2014). With the projected influx of patients, aging perioperative workforce and impending retirements of the perioperative nursing workforce, a significant loss of knowledge in the perioperative specialty area could affect the quality of perioperative care (AORN, 2014b, 2017; Gillespie et al., 2011; Kaiser Family Foundation, 2016). In order to meet the demands for OR nurses, IFPN recommends that nurses achieve positions of influence on national committees to design and implement innovative perioperative curricula to reflect contemporary practice (IFPN, 2017).

The demand for experienced perioperative nurses has been increasing while the availability of nurses with perioperative education has been decreasing (ACA, 2017; AORN, 2011, 2015a; Ball et al., 2015; Gillespie et al., 2011; Bureau of Labor Statistics, 2017; Gregory et al., 2014). The reasons for the decreased numbers of perioperative nurses are that fewer numbers of nursing students have been exposed to the perioperative experience, and operating room supervisors are hesitant to hire nurses with no perioperative experience (Auerbach et al., 2012; Ball et al., 2015; Gregory et al., 2014; Happell, 2000; Foran, 2016). According to Sigsby and Yarandi (2004), a significant number of nursing faculty lack perioperative education within the faculty members' undergraduate program and minimal graduate preparation for educators in advanced perioperative education.

Perioperative nursing is perceived as technical and highly specialized (Crowley, 2011; Gregory et al., 2014). Perceptions of an RN in a perioperative role is surrounded by negative misconceptions that a nurse possess competency only in technical skills (Beal et al., 2011; Crowley, 2011; Gregory et al., 2014). To counter these obstacles, perioperative staff members and interested nursing schools across the country, have experimented with collaborative learning opportunities to expose nursing students to positive perioperative experiences (AORN, 2011; Happell, 2000; Holmes, 2004; Meyer et al., 2016; Penprase et al., 2016; Ruth-Sahd & Wilson, 2013; Trice, Brandvold, & Bruno, 2007; Foran, 2016).

Deficit Supply of OR Nurses

Perioperative clinical experiences are significantly reduced or nonexistent within nursing curricula to focus on clinical experiences associated with medical-surgical content (AACN, 2016b; AORN, 2017; Castelluccio, 2012; Holmes, 2004). Nursing

instructors have been known to discourage specialization after graduation, advising students to acquire a year of experience as a generalist nurse (AACN, 2014; Auerbach et al., 2012; Callaghan, 2011; Findik et al., 2015). The practice of perioperative nursing will become increasingly difficult to provide the quality patient care with limited numbers of interested nurses (CDC, 2016; IOM, 2015b; Hillman & Foster, 2011; Trice et al., 2007). This phenomenon may be attributed to fewer graduate nurses choosing perioperative nursing as a career (Callaghan, 2011; Dunn, 2014; Happell, 2000; Silen-Lipponen, Tossavainen, Turunen, & Smith, 2004).

Minimal surgical experiences for students have contributed to the current shortage of perioperative nurses (Beal et al., 2011; Callaghan, 2011; Dunn, 2014; Sigsby & Yarandi, 2004). Nursing students are reluctant to apply to the operating room after graduation if they have had minimal or no exposure to perioperative nursing in their basic nursing programs (Callaghan, 2011; Dunn, 2014; Gillespie et al., 2011; Girard, 2004; Malley et al., 2015; Messina et al., 2011). Lack of exposure to the OR role challenges any student to understand the scope of perioperative nursing (Callaghan, 2011; Mollohan & Morales, 2016; Mott, 2012; Sigsby et al., 2004).

Reduced Educational Preparation

The global move from a nursing diploma to a baccalaureate degree has altered the perioperative clinical experience from hospital-based preparation to new paradigms of the clinical experience that differ between universities (Castelluccio, 2012; Clark-Burg, 2008; Foran, 2016; Mott, 2012). Nursing education has adopted educational standards to ensure that nurses are prepared for practice with standard knowledge, skills, and abilities. The standards are covering specific, direct, patient care skills while other skills are

broader and incorporate knowledge about science, health care delivery systems, patient advocacy, and research (AACN, 2014). Since the beginning of the OR nurse erosion, universal concerns have been expressed regarding the potential decline of surgical nursing skills if nursing students are denied participation in the operative process (Callaghan, 2011; Castelluccio, 2012; Meyer et al., 2016; Mott, 2012).

The idea that OR education is only useful to current perioperative nurses has been repudiated over time (AORN, 2007, 2017; Callaghan, 2011; Sigsby & Yarandi, 2004). Current practices of nursing students in the OR range from a reinstatement of perioperative nursing into the curriculum, an elevated level of OR nursing as an option within an academic partnership, or strictly observational of patients' surgery (Castelluccio, 2012; Messina et al., 2011; Sigsby & Yarandi, 2004).

Observational Experiences

Observational experience refers to students completing a follow-through with an assigned patient in the preoperative area, intra-operative suite, and recovery room (Holmes, 2004; Messina et al., 2011; Mott, 2012; Meyer et al., 2016; Ricketts & Gray, 2010). Minimal allocation of skills is given to the students, for the experience is strictly observational without the opportunity to partake in a surgical procedure (Holmes, 2004; Messina et al., 2011; Mott, 2012; Ricketts & Gray, 2010).

Taber, Taber, Galante, and Sigsby (2011) discussed how an observational perioperative clinical setting was an appropriate placement for students to engage in perioperative research. A framework was provided for the research process by “applying the retrieval, appraisal, synthesis, and sharing of evidence to improve patient outcomes”

(AACN, 2008, p. 14). The research involvement encouraged students to continue to contribute to evidence-based practice (Taber et al., 2011).

Preceptor/Guided Experiences

According to Clark-Burg (2008), a guided experience is when the concepts and skills needed for students to learn have been explained. An onsite laboratory experience prior to a clinical experience increased orientation, and a simulation model in this area was found to gain student independence and self-assurance by assuming the responsibility for patients undergoing surgical procedures (Ball et al., 2015; Findik et al., 2015; Foran, 2016; Gregory et al., 2014). Preceptor/guided experiences are depicting a supportive clinical environment in which students can build their skills by learning through experience (Ball et al., 2015; Findik et al., 2015; Foran, 2016; Gregory et al., 2014).

Value of Perioperative Academic Partnerships

Academic partnerships appear to construct innovative and sustainable approaches for the growth of the perioperative workforce between perioperative nursing leaders in health care facilities and administrators within schools of nursing and other stakeholders in an effort to build student capacity and satisfy mutual need (AACN, 2016b; Beal et al., 2012; Gregory et al., 2014). An academic service partnership involves a collaboration of the health care and academic institutions to develop a curriculum of mutual interest, therefore, maximizing efforts to build nursing's workforce (Bvumbwe, 2016; Crabtree et al., 2016, Penprase et al., 2016). These partnerships have been highlighted in the literature by creating inventive learning models to restore perioperative experiences to

nursing students in baccalaureate programs (Beal et al., 2011; Foran, 2016; Holmes, 2004; Gregory et al., 2014; Mott, 2012; Penprase et al., 2016; Trice et al., 2007).

Numerous studies reflect Academic partnerships have been reflected in numerous studies to reintroduce perioperative coursework into nursing curriculum, but many studies lack currency (Beal et al., 2011; Holmes, 2004; Gregory et al., 2014; Mott, 2012; Trice et al., 2007). Creating innovative and sustainable models for growth of the perioperative nursing workforce through innovative learning models will reintroduce perioperative experiences to nursing students in a baccalaureate program (Foran, 2016; Gregory et al., 2014; Penprase et al., 2016; Sigsby & Yarandi, 2004). Innovative academic service partnerships have developed nurses for perioperative surgical services and help to build a sustainable workforce (Bvumbwe, 2016; Foran, 2016; Gregory et al., 2014; Penprase et al., 2016; Sigsby & Yarandi, 2004). Without these partnerships, observational perioperative clinical has a limited exposure to the socialization and real-world surgical specialty.

Concept of Experiential Learning

The concept of experiential learning is “a simple description of a learning cycle how experience is translated into concepts, which in turn are used as guides in the choice of new experiences” (Kolb, 1976, p. 21). Experiential learning “combines spontaneity, feeling, and deep individual insights with the possibility of rational thought and reflection” (Kolb, 1976, p. 70). Experiential learning characteristics have been applied to various disciplines to heighten individual satisfaction and higher levels of critical thinking for a familiar transition into the work culture. (Chan, 2012; Dawe & Sankar,

2016; Dolasky & Moore, 2013; Hill, 2017; Lisko & O'Dell; 2010; Medini, 2017; Venkateswarlu, 2017).

In nursing, experiential learning is used to test one's ability to apply knowledge to the care of patients (Dolasky & Moore, 2013; Hill, 2017; Liddle, 2014). In a qualitative study, Hill (2017) studied nursing, pharmacy, and occupational therapy students ($n = 15$) and applied experiential learning by practicing and refining their health assessment skills and clinical reasoning within the interprofessional groups. Hill (2017) indicated a significance in student-centered engagement, communication, and confidence among the various disciplines. Fura and Wisser (2017) evaluated experiential learning by utilizing a systems approach to prepare future nurses in the delivery of safe care. Dolasky and Moore (2013) exposed pre-licensure nursing students ($n = 84$) to systems thinking principles within their didactic and experiential activities, consisting of clinical reasoning to support safe practice environments. They indicated experiential learning strategy positively affected the students' clinical reasoning by understanding the nurse's role creating of safe practice environments (Dolasky & Moore, 2013; Fura & Wisser, 2017).

Experiential Learning in General Education

According to Li and Liu (2016), hands-on experience increased student self-confidence, critical thinking, and work ethic. Through the application of experiential learning, engineering, hospitality, and management and marketing, students can apply theory to real-world scenarios (Chan, 2012; Lucero et al., 2017; Medini, 2017; Sato & Laughlin, 2017; Venkateswarlu, 2017).

There have been research studies related to the benefits and outcomes of applying experiential learning as a best practice for student learning in which the concept was

found to be beneficial. Sato and Laughlin (2017) engaged sports psychology students ($n = 77$) in experiential learning to reflect upon previous golfing skills and psychological theories to support their career goals (Sato & Laughlin). Venkateswarlu (2017) applied experiential learning to assist with professional conduct and communication for engineering students ($n = 114$) who completed a reconstruction project. Venkateswarlu (2017) indicated a higher level of knowledge, judgments, and communication necessary for completion of the project. Li and Liu (2016) discovered that through the practical application of skills and management and marketing theories, hospitality students ($n = 183$) increased student self-confidence and work ethic.

Experiential Learning in Guided Experiences within Nursing

Operationalizing experiential learning within the perioperative clinical has enabled nursing students to apply the surgical concepts to concrete experiences, reflect upon encounters, and refine the encounter for future experiences (Ball et al., 2015; Bandura, 1977; Gregory et al., 2014; Kolb, 1984). The application of experiential learning in guided experiences is used for nursing students to utilize concepts acquired in the classroom (Gregory et al., 2014; Jones, 2010; Kolb, 1984; Ruth-Sahd & Wilson, 2013). Students can apply their understanding of communication techniques, critical thinking, interdisciplinary decision making, patient advocacy, infection control, patient safety, and airway maintenance in the OR (Girard, 2004; Holmes, 2004; Gregory et al., 2014; Sigsby & Yarandi, 2004). Students can gain a comprehensive understanding of anatomy and physiology, legal concepts, critical thinking, and aseptic technique (Gregory et al., 2014; Jones, 2010; Ruth-Sahd & Wilson, 2013). Other elective offerings that

extend into a nurse externship experience, help students to make career choices in perioperative nursing (Ball et al., 2015; Gregory et al., 2014).

Theory

Kolb described experiential learning as “the process whereby knowledge is created through the transformation of experience” (p. 25). Bandura’s (1977) social learning theory presents modeling behaviors and observational learning. Through social interaction, students can develop a commitment towards achieving their goals as well a high perception of efficacy in oneself (Bandura, 1986). According to Pai (2016), learning environments should encourage self-comparison versus competition to enhance self-efficacy. People with high levels of self-efficacy and a willingness to pursue their goals possess the belief that they are capable of completing their goals regardless of any possible controversy they may encounter (Stone, Levett-Jones, Harris, & Sinclair, 2010).

Kolb and Bandura’s Theories Applied to Perioperative Education

A perioperative clinical rotation is defined as the period of time that commences with the decision to participate in the surgical course/clinical and ends with the completion of the clinical course. Kolb’s learning cycle can be utilized in perioperative clinical education to enhance Bandura’s self-efficacy at various stages. Messina, Ianniciello, and Escallier (2011) stated Kolb and Bandura’s theoretical frameworks facilitate learning and self-efficacy by enriching learning and promoting critical thinking within the operating room (Gregory et al., 2014; Messina et al., 2011). According to Fok-Han et al. (2009), a perioperative curriculum structured around this cycle fosters a vigorous and flexible learning environment, which is receptive to the learning needs of learners.

Phenomenology

Nursing is a practice discipline and the insights gained through the use of van Manen's (1990) pedagogical stance and approach can produce "action sensitive knowledge" (p. 21) that can be applied in the practice of nursing education.

Philosophically, phenomenology approaches the world in a particular way by capturing the lived experience (Bevan, 2014; Creswell, 2012; Crotty, 2003; Merleau-Ponty, 1962).

Husserl (1962) labeled the reappraisal of things themselves as a rigorous phenomenological research method. Kant contended that only the appearance of things rather than the actual things can be known (Cohen, 1987). Heidegger built upon the foundation of Husserl's phenomenological traditions. Heidegger emphasized the hermeneutic perspective that humans exist in the world in numerous situations (Kakkori, 2009; Polkinghorne, 1989). Husserl and Heidegger's work was continued by Merleau-Ponty and Sartre, which evolved into phenomenological existentialism (Cohen, 1987). Van Manen (1990) viewed hermeneutic phenomenology as a human science that is both descriptive and interpretive.

Interpretive phenomenology was followed when conducting the literature review. The methodology from the interpretivist perspective is a method of the interpretation and interface between the investigator and research participants (Fjelland & Gjengedal, 1994; Kakkori, 2009). The key intentions are understanding and reconstructing the experience of information (McClelland, 1995). Specific methods of questioning, reflecting, and converging is required by the researcher when collecting and analyzing the data. The researcher examines the expression of the participant's meaning in textual and/or

symbolic form through continuous evaluation of the goals and method of the inquiry (Kvale, 1983).

Students Perceptions in Perioperative Clinical Rotations

The sparseness of directly relevant research in existing nursing literature relates to the exploratory nature of the dissertation study. Numerous perceptions of perioperative nursing were evident but limited through the lens of a student.

Quantitative Studies of Students' Perceptions in Perioperative Clinical Rotations

Sigsby and Yarandi (2004) completed an experimental design comparing junior baccalaureate students ($n = 46$, control group/med-surgical) and perioperative nursing students ($n = 51$, perioperative site) for perceived knowledge comparison. A 26-question, multiple choice patient questionnaire related to principles of surgical patients was administered. The analysis showed a statistically significant difference, indicating perioperative clinical experiences provide a favorable environment to gain knowledge of concepts related to the care of surgical patients.

In Australia, Foran (2016) completed an experimental design on undergraduate nursing students who experienced a guided surgical experience ($n = 154$) compared with a surgical ward experience ($n = 179$). A 20-subject topic assessment tool consisted of preoperative, intra-operative, and postoperative care of surgical patients. The tool results showed that students who received guided learning through experiential learning scored higher (78%-100%) compared with the students who were not exposed to a guided experience (25%-53%), indicating students' surgical ward knowledge was greater through guided experiences.

Qualitative Studies of Students' Perceptions in Perioperative Clinical Rotations

In an Australian study, Callaghan (2011) investigated perceptions of students in a perioperative clinical rotation regarding nursing care, skill acquisition, and the specialist role. Several students indicated a preconceived perception that perioperative nurses lacked a clear definition of the nurse's role (Callaghan, 2011; Foran, 2016; Lydon & Burke, 2012; Nash et al., 2018; Silen-Lipponen et al., 2004). Prior to the surgical clinical experience, mentoring and experiential educational modules were used to prepare students to identify differences in patient care in an alternative setting (Callahan, 2011). Two themes emerged after the experience: to assimilate knowledge and to consolidate skill acquisition in the OR (Callaghan, 2011; Foran, 2016; Lydon & Burke, 2012).

In a South African study, Meyer et al. (2016) showed nursing students' negative perceptions regarding their learning experiences in the OR due to lack of preparatory knowledge and skills. A survey in the form of a questionnaire containing open-ended questions and a focus group showed a major theme of educational readiness. Participants discovered how the preparation and clinical experience narrowed a perceived theory to practice gap within perioperative nursing (Callaghan, 2011; Lydon & Burke, 2012; Neacsu, 2006; Silen-Lipponen et al., 2004). Interpretations of varying levels of perioperative nurse competencies and patient care was identified in the specialist environment (Callaghan, 2011; Lydon & Burke, 2012; Meyer et al., 2016; Neacsu, 2006).

Nash et al. (2018) conducted a perioperative nursing summer internship for junior and senior undergraduate nursing students to gain an understanding of their perceptions of the OR. Prior to the six-week internship, students had minimal knowledge of the perioperative specialty. Themes that emerged from the experiential experience were

advocacy, safety, communication, positioning, and patient monitoring. Students identified an awareness of the perioperative nurse role.

Chapter Summary

The literature search demonstrated numerous perioperative partnerships between health care agencies and nursing schools are in place to reintroduce perioperative nursing to students, but there are limited findings as to student perceptions (Callaghan, 2011; Meyer et al., 2016). The literature is sparse regarding students within perioperative nursing. Today, fewer students are exposed to courses and clinical experiences in the perioperative area; therefore, there is a lack of understanding of the perioperative nurses' role, responsibilities, and patient care experience (Callaghan, 2011; Foran, 2016; Neacsu, 2006). In addition, there is support for general education and demonstration of the value of experiential learning. This knowledge was useful within the knowledge of nursing.

Chapter Three

Methods

An interpretive phenomenologist gains conceivable insights by placing the individual in direct contact with the life-world and seeks to uncover the phenomenon's structures showing commonalities and differences in their subjective experiences. Phenomenological reduction is the process of bracketing one's preconceptions and presuppositions in order to experience the essence of a phenomenon as it truly is in its pure or unadulterated form (Cohen, 1987). Phenomenology has the intension to journey beyond aspects of life taken for granted and "to uncover the meanings in everyday practice in such a way that they are not destroyed, distorted, decontextualized, trivialized or sentimentalized" (Fjelland & Gjengedal, 1994, p. 6).

This research tradition does not adhere to bracketing. Reflection takes place within the four fundamental existential themes of "lived space or spatiality, lived body or corporality, lived time or temporality, and human relations" or rationality (Van Manen, 1990, p. 79). The dissertation study followed van Manen's hermeneutic phenomenological approach.

The interpretive phenomenologist: (a) confers with the phenomenon we are compassionate about investigating, (b) investigates an experience as we live it rather than conceptualizing it, (c) reflects on essential themes, (d) describes the phenomenon through the art of writing, (e) maintains a strong pedagogical relation to the phenomenon, and (f) balances the research context by considering parts and the whole. (Bevan, 2014, p. 137)

Van Manen (1990) considered hermeneutic phenomenology to be a human science that is both descriptive and interpretive. He explained that his use of the word description encompassed both descriptive and interpretive processes. Although the textual descriptions of the experiences must allow the phenomenon to speak for itself, interpretation is inherent in the process of linguistically or symbolically capturing the phenomenon's essence. According to van Manen (1990), an advantage of this approach is gaining conceivable insights by placing the individual in direct contact with the world by uncovering and describing a phenomenon's structures and its true nature or essence. If this essence is sufficiently described in linguistics, the description "reawakens or shows us the lived quality and significance of the experience in a fuller and deeper manner" (Van Manen, 1990, p. 10). Hermeneutics attempts to extract the meanings of experiences as humans live them in their daily existence, which van Manen calls the life-world.

Van Manen (1990) contended that this approach is scientific in nature because "phenomenology is systematic, explicit, self-critical, and intersubjective" (p. 11). The researcher employs specific modes of questioning, reflecting, focusing, and intuiting when collecting and interpreting information. The researcher attempts to explicitly articulate the structures of meaning in textual and/or symbolic form while continually examining and evaluating the goals and methods of the inquiry (Kvale, 1983). The researcher needs other readers of the text to "develop a dialogical relation with the phenomenon, and thus validate the phenomenon as described" (Van Manen, 1990, p. 11). Thoughtfulness lies at the heart of hermeneutic phenomenology. Ultimately, the aim of phenomenological research is discovery that will enable us as human beings to "become more fully who we are" (Van Manen, 1990, p. 12).

Van Manen (1990) describes his foundational model as a “textual reflection on the lived experience and practical actions of everyday life with the intent to increase one’s thoughtfulness and practical resourcefulness and tact” (p. 4). Van Manen (1990) considered phenomenological research to be the interplay among six activities:

turning to a phenomenon we are compassionate about investigating, investigate an experience as we live it rather than conceptualizing it, reflecting on essential themes, describing the phenomenon through the art of writing, maintaining a strong pedagogical relation to the phenomenon, and balancing the research context by considering parts and the whole. (pp. 30-31)

Research Assumptions

According to Kakkori (2009), an assumption is a declaration that is accepted to be true without confirmation. Numerous research assumptions are used to inspire a phenomenological study (Creswell, 2012). Reality is holistic and multidimensional in an ever changing world (Crotty, 2003). Thus, the key assumption underlying interpretive phenomenological research tradition is being in the world subjectively (Van Manen, 1997). Crotty (2003) affirmed that in order to know and understand another’s experience, the ability to comprehend the exchange of verbal and nonverbal interactions having meaning in the life of the individual is needed. Therefore, multiple realities are socially constructed from true understanding of the engagement in the real world and the life of the individuals who seek meaning in their lives (McClelland, 1995).

Additional assumptions are used to guide interpretive phenomenological research. The process of interpretation is not instantaneously apparent. Phenomenology has permitted the researcher to take part into the life-world of the person living the experience (Husserl, 1970). Husserl (1970) “defines the life-world as a place distinct from and different to the more systematic observation and considered reflection that

characterizes science” (p. 109). Interpretative phenomenology apprehends and shows phenomena through language (Smith, Flowers, & Larkin, 2009). A powerful and personal connection is made with the researcher and participant to encourage shared meaning and understanding (Van Manen, 1997). Therefore, hermeneutic phenomenological researchers will need to acknowledge their own assumptions in an effort to uphold an open mind when interpreting information obtained from participants (Kakkori, 2009).

The investigator has an extensive clinical background as a perioperative nurse and an understanding of the knowledge necessary to fulfill the role of an OR nurse. The OR is a specialized environment in which each patient deserves to have a perioperative nurse for the duration of any surgery to ensure quality and safe care. Therefore, the investigator has a vested interest in seeing perioperative information implemented back into curricula for recruitment of OR nurses.

Setting

Volunteer study participants were recruited from among recent graduates of an undergraduate baccalaureate college of nursing in a midwestern university. Qualitative research does not dictate the exact setting; however, data are usually collected in a naturalistic setting (Polit & Beck, 2013). Interview locations were secured in locations where participants felt safe and comfortable and were conducive to achieving confidential interviews without interruptions. According to Richards and Morse (2013), safe settings for data collection are imperative for the participants to safely share their experiences and feelings.

Sampling Plan

This dissertation study used purposive, homogeneous sampling strategy. Homogeneous sampling brings together individuals of related backgrounds and experiences (Kakkori, 2009). This type of sampling reduces variation and streamlines analysis. Post-licensure nurses who completed a baccalaureate perioperative clinical rotation were recruited. All of the participants experienced an observational day in the OR as junior students during their first medical-surgical course. From this experience, students who were interested in the specialty role could apply for the OR clinical rotation. The clinical rotation commenced in their second medical-surgical course within their junior year.

Sampling Strategy

Contact information for post-licensure nurses who participated in a perioperative clinical were obtained from the Midwestern University's Office of Institutional Research. Participants who completed the perioperative clinical experience from 2011 through 2017 were given invitation letters through mail and email. The invitation included information detailing the purpose of the study, the voluntary participation, the inclusion and exclusion criteria, the time commitment, the format of data collection, the rationale for sought information, and the investigator's contact information (see Appendix C). A \$40.00 gift card was given to participants for their time and the offering of their thoughts.

Eligibility Criteria

Inclusion criteria. English-speaking post-licensure nurses who participated in a perioperative clinical rotation from 2011 to 2017 were eligible to participate.

Exclusion criteria. Post-licensure nurses who had not participated in a perioperative clinical rotation from 2011 to 2017 were not eligible for the study.

Sample Size

According to Polit and Beck (2013), phenomenologists recruit small samples of 10 or less participants, but the final sample size was not predetermined until data saturation was obtained. According to Lincoln and Guba (1985), data saturation will not be determined until an appreciation of closure is obtained, and new data yield redundancy. The sample size for this study was 13 post-licensure nurses.

Protection of Human Subjects

Institutional Review Board (IRB) approval was obtained from Nova Southeastern University (NSU) and from the Midwestern University prior to commencing the study (see Appendix A). Prior to signing the consent form, study participants were encouraged to ask questions and informed that they had the ability to withdraw from their involvement in the study at any time. Written materials applied for informed consent were examined for transparency and readability.

Confidentiality was maintained by de-identifying the participants by assigning fictitious names. This procedure prevented data from being shared or reported in such a manner that the participants could be identified. Demographic data were gathered on a separate data sheet and was not recorded during the interviews to prevent identification of the participants. Interviews were accessed by the investigator. Protection of the participants from coercion and undue influence was maintained. The investigator adhered to the ethical principles of informed consent, the right of the participant to withdraw at any time, and full disclosure.

Risks and benefits of participation. The dissertation study benefited nursing students, care of the surgical patient, the nursing profession and could attract nurses to the

perioperative workforce through a better understanding of the perioperative nurse role. For the purpose of this project, the participants' experiences and words used in the interview were borrowed from interviewing participants.

Measures were taken to protect the participants from coercion and risks of participation. The investigator is an Associate Dean in the College of Health Professions in the same university where the post-licensure nurses completed their perioperative clinical experience. The investigator did not teach this course or have any direct oversight of the student to change the students', course grades, grievances, or the ability to deny graduation of the student; therefore, participants were not coerced to participate.

The information sought in this dissertation study was of a personal nature, so there was a possible risk of participant distress in the recalling of unpleasant events. Every effort was made to ensure that participants were not placed at risk for emotional harm and were assured that they could cease the interview at any time. Psychological services were available at Well-Connect, 866-640-4777, for any participant who experienced emotional or psychological distress.

Data storage. All de-identified data were stored separately from field notes, voice recordings, and typed transcripts. The data were kept in a separate location from any other data in the investigator's home office. While in the field, all voice recordings and notes were in the investigator's possession at all times. Access to the information was given only to the investigator. Storage of electronic recordings, field notes, and files were password protected and stored in a personal home computer. An external hard drive was stored in a locked file cabinet in the investigator's home. After 7 years, all documents and notes will be destroyed by shredding or erasure of electronic files and interviews.

Procedures

The investigator scheduled a one-hour, face-to-face interview with the participants with an option to complete a telephone interview. Telephone interviews compared with face-to-face interviews may affect the study results because of the absence of visual cues, the potential for environmental distraction, and the potential for brevity within the interview (Novick, 2008). However, according to Sweet (2002), telephone interviews can produce rich and detailed data.

The study involvement consisted of one interview with the possibility of a second follow-up interview. The investigator verified that the participant was willing to be open to the possibilities of events and thoughts that may be discovered through the research process. The investigator consciously attempted to minimize participant burden or hindrances with excessive interviews (Creswell, 2012). Second interviews were used for the investigator to garner participant reflection and offer additional validation to reduce researcher bias and to produce a thick textual description of phenomena in the life-world (Van Manen, 1997). The investigator gained the participants' trust by developing a commonality to emerge between the participants and investigator by listening to their viewpoints and through thoughtful conversation. Each interview was audiotaped. To confirm that the investigator captured the participants' experiences correctly, and member checking was accomplished by permitting participants to review the investigator's findings prior to public presentation (Lincoln & Guba, 1985).

Data Collection Instrument

The primary method of data collection in qualitative research is the interview (Bloomberg & Volpe, 2008). The resulting data become a co-creation between the

researcher and the interviewee (Munhall, 2012). Interviewing is used for the investigator to assemble information about the lived experience of the participant. In order to self-evaluate the interview techniques, the investigator conducted a videotaped pilot interview with a participant who completed the perioperative clinical rotation, but who was not a study participant.

Demographic Data

Participants were asked to complete a demographic information sheet prior to the completion of semi-structured, in-depth interviews (see Appendix D). Questions related to age and gender were collected prior to the start of the interview for purposes of analysis and reporting. Assessing the demographic data of the sample participants may show potential differences that may influence the study (Munhall, 2012).

Interview Questions

The investigator asked probing and open-ended questions to encourage participant self-expression (Munhall, 2012). These interview questions were informed by the literature. Open-ended questions are used to enable descriptions to come from the participant (Polit & Beck, 2013). The following questions were used in this dissertation study to extract experiences:

- Before your perioperative clinical rotation, what did you know about perioperative nursing? Where did you learn this information?
- Describe how you felt about the operating room clinical experience?
- What are key factors that contributed to your decision on your choice of clinical practice?
- Describe what you discovered from this operating room experience

- Is the operating room your chosen area of specialty? Explain the reasons for your decision?

Field Notes

A reflective journal was transcribed and maintained by the investigator. Field notes were detailed and accurate descriptions of the participants' reflections that the inquirer saw, heard, and experienced. In advance, participants were informed that field notes would be taken. Field notes were inclusive of the research questions, the interview process, and the interview process, and the data analysis (Munhall, 2013).

Data Management and Organization

Transcription

Audiotaped interviews were transcribed by a professional transcriptionist. To ensure accuracy, transcripts were compared with the audiotape by the investigator. The investigator and transcriptionist noted various non-verbal pauses (Munhall, 2013). The transcripts and field notes included the participants' initials, dates, and times of the interviews.

Category Scheme

Based on careful analysis of the data, the interviews were themed and categorized. The identification of important concepts within the data were used for the basis for category formation and grouping of concepts within these categories (Creswell, 2012). Themes were defined and evaluated for connections by clarifying the participants' answers and member checking. By allowing the participants to read the transcripts and themes, it was ensured that the data were rooted in the participants' own language (Bloomberg & Volpe, 2008)

Coding Data

The process of coding is used to isolate recurring concepts, themes, and words within the data (Polit & Beck, 2013). According to van Manen (1990), “human science writing is an original activity” (p. 173). “Coding is essentially a system of classification; the process of noting what is of interest or significance, identifying different segments of the data, and labeling them to organize the information contained in the data” (Bloomberg & Volpe, 2008, p. 102).

For this dissertation study, the investigator used maximum qualitative data software (MAXQDA) to refine the coding process, increase visualization, and theming, which affords multiple perspectives on themes and categories (Creswell, 2012). The investigator had full control of the analytical and interpretive process (Talanquer, 2014). The MAXDA software did not “automatically resolve any potential issues, but will allow researchers to systematically create opportunities to pause, reflect, and make decisions to improve data analysis” (Talanquer, 2014, p. 90).

Data Analysis

In interpretive phenomenological studies, data analysis begins with data collection. Creswell (2012) “advises researchers to first describe their personal experience with the phenomenon under study. The researcher begins with a full description of his or her own experience of the phenomenon” (p. 193). Additionally, “researchers should develop a list of significant statements as a foundation to understanding the phenomenon” (Creswell, 2012, p. 193).

For van Manen, the insight into the essential meaning of a phenomenon involves a process of phenomenological reflection. In reflecting on lived experiences, the structure

of thematic aspects of phenomena was analyzed. These themes are the structures of experience.

Three approaches were taken to isolate thematic aspects of the text: (a) a wholistic approach, (b) a selective highlighting approach, and (c) a detailed or line-by-line approach (Van Manen, 1990).

A wholistic reading approach asks the question within the text, “What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?” (Van Manen, 1990, p. 93). The selective reading approach asks the question within the text, “What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?” (Van Manen, 1990, p. 93). The detailed reading approach asks the question within the text, “What does this sentence or sentence cluster reveal about the phenomenon or experience being described?” (Van Manen, 1990, p. 93). In this dissertation study, van Manen’s selective or highlighted approach was utilized to isolate thematic statements from the text. The investigator inspected the text three times and ask which statement(s) or phrase(s) is critical or discloses the lived experience of post-licensure nurses during their baccalaureate perioperative clinical rotation.

Second, linguistic transformations were composed. In accordance with van Manen (1990), once thematic statements have been selected, the researcher will then portray the “thematic statements in phenomenological sensitive paragraphs” (p. 94). The investigator systematically developed a narrative that explicated themes while remaining faithful to the essence of the experience under investigation (Van Manen, 1990).

Third, incidental and essential themes were decided. The distinction between incidental and essential themes were clarified when writing the phenomenological description of the lived experience of post-licensure nurses who completed a baccalaureate perioperative clinical rotation. All meanings encountered during reflecting on certain phenomenon or lived experience are not necessarily exclusive to the phenomenon or experience. Van Manen (1990) stated that “in determining the universal or essential quality of a theme, our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is” (p. 107). Van Manen (1990) asks, “Is this phenomenon still the same if this theme is imaginatively changed or deleted from the phenomenon?” (p. 107).

Hermeneutic phenomenology draws upon three sources of possible data: the “researcher’s personal reflection, reflections of other participants, and sources outside the context, such as poetry, literature, drama, or cinema” (Polkinghorne, 1989, p. 178). A phenomenological researcher then draws on the texts to develop themes. The textual descriptions of the experiences must allow the phenomenon to speak for itself. “Interpretation is inherent in the process of linguistically or symbolically capturing the phenomenon’s essence” (Crotty, 2003, p. 58).

Rigor

Rigor was strengthened by strategizing approaches to enhance the trustworthiness and authenticity of the data collection and analysis (Lincoln & Guba, 1985). Credibility can be compared with internal validity of the study (Lincoln & Guba, 1985). Credibility was upheld through the investigator’s prolonged engagement with the interview transcripts and multiple readings of the transcripts. In addition, the method included the

investigator's checking with the interviewees through email, asking each participant to read and evaluate the investigator's thematic analysis of their words.

Dependability can be defined as the reliability of qualitative research findings (Lincoln & Guba, 1985). To uphold the dependability of the data collections, triangulation, member checks, and an inquiry audit of the processes was used throughout the dissertation study (Lincoln & Guba, 1985). Audit trails were reviewed by the qualitative member of the dissertation committee to confirm dependability. In a qualitative study, confirmability is the objectivity of the results (Lincoln & Guba, 1985). The dissertation study report included verbatim quotes, themes, and reflective journals to support data findings.

Transferability is the ability to transfer the findings of the study to similar situations (Lincoln & Guba, 1985). The readers of research studies are responsible for judging whether or not the findings are transferable to other situations. Authenticity was enhanced by using purposive sampling of participants who may have been unknown to the researcher, by obtaining informed consent, and by honoring the voluntary nature of participation (Lincoln & Guba, 1985).

Chapter Summary

The design selected for this dissertation study was van Manen's hermeneutic, phenomenological approach. Van Manen (1990) substantiated the use of phenomenology, for it can best capture the meaning of human experience lived by the participant. A phenomenological approach to exploring and uncovering post-licensure nurses' experiences in a baccalaureate perioperative clinical experience can yield rich and potentially insightful material, which aids understanding of the essence of individual

human experiences (Van Manen, 1990). The setting for recruitment of participants were post-licensure nurses from 2011 to 2016 from a Midwestern university. Post-licensure nurses who participated in a baccalaureate perioperative clinical were eligible to participate. The dissertation study used a purposive, homogeneous sampling strategy. Interviews were structured using open-ended questions and were conducted until data saturation was evident. The investigator discussed the measure focused on protection and risks and benefits related to the participant. Data collection, management, and analysis procedures were presented to the participants. Processes to ensure credibility, dependability, confirmability, transferability, and authenticity were included in the dissertation study.

Chapter 4

Interpretation of the Findings

The phenomenological method by van Manen was applied to investigate the lived experience of post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program. The integration of Kolb's theory of experiential learning and Bandura's self-efficacy theory informed this research. Participants shared reflective stories of their perioperative clinical rotation. These stories were used to validate that learning is a continual process and is a major determinant of personal development (Kolb, 1984). A commitment to learn was also key to these participants achieving their goals with a high perception of self-efficacy (Bandura, 1986).

Participant Demographics

Semi-structured interview questions were used for the 13 post-licensure nurses who completed a baccalaureate perioperative clinical rotation, which was an opportunity to reflect upon their lived experience. Out of the 13 participants, seven (54%) now work in the OR. Three participants were employed in critical care, one participant was employed in home care, one in medical-surgical care, and one participant was employed in a neuro step-down unit. Out of the six participants who currently work outside of the OR, two were unable to seek their desired area of employment within the OR due to hospital requirement for nurses to demonstrate a minimum of one year of medical-surgical experience. Eleven of the study participants resided in Michigan, one lived in the

state of Washington, and one in Florida (see Appendix E). Data saturation was reached after interviewing 13 participants.

Van Manen's Methodology

According to van Manen (1990), the insight into the essential meaning of a phenomenon involves a process of phenomenological reflection. In reflecting on lived experience, the structure of thematic aspects of phenomenon were analyzed. These themes were the structures of experience. In this dissertation study, van Manen's selective or highlighted approach was utilized to isolate thematic statements from the text. A selective reading approach was used to ask the question within the text, "What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?" (Van Manen, 1990, p. 93).

A phenomenological method was selected to explore and uncover post-licensure nurses' experiences in a baccalaureate perioperative clinical rotation that yielded rich and insightful material, aiding understanding of the essence of individual human experiences (Van Manen, 1990). In-depth queries of the participants' perceptions and reflections were gathered to describe the meaning of the lived experience.

Applying Kolb and Bandura's Theories to the Perioperative Rotation

Kolb's experiential learning theory and Bandura's theory of self-efficacy model are a continuous, figure eight cycle that was the framework that informed this study. As stated in Chapter 1, the integration of the theories was conceived by the investigator. Kolb (1984) considered learning as a continual process. In the surgery suite, the experience was a continuous cycle of learning, grounded in the participant's personal experience. Interactions between the surgical team, participants, patients, and families

became learning experiences that transformed into knowledge. Each participant discovered how one learns and becomes a major determinant of his/her personal development and attainment of self-efficacy. The perception of an individual's self-efficacy affects all aspects of the learner's educational experiences (Bandura, 1986). Experiences in the OR stimulated participants' reflection, leading to knowledge creation and confidence in the OR.

Academic Service Partnership

This surgical rotation gave way to a value added benefit of an academic partnership. The creation of the academic service partnership benefited the health care agency and the university by joining resources and expertise within the perioperative specialty to meet the clinical objectives and address the need for future perioperative staffing. Clinical expertise from the hospital OR can be shared with students to encourage growth of confidence and competence in this clinical environment (Bvumbwe, 2016). A memorandum of understanding was signed between the health care agency and the university to develop a curriculum of mutual interest to conceptualize the role of the perioperative nurse and to maximize efforts to build an OR workforce. The formal collaboration included shared resources related to personnel, educational, and research opportunities; enhanced organizational outcomes through joint participation in quality improvement and program evaluation projects; and prospective employment for students after graduation (AACN, 2010). The immersion experience "prepared the student nurse to begin his or her role as a novice perioperative nurse with realistic expectations of what nursing practice entails" in the OR (Penprase et al., 2016, p. 190).

Data Analysis Process

Nursing is a practice discipline and the insights gained through the use of van Manen's (1990) pedagogical stance and approach can produce "action sensitive knowledge" (p. 21) that can be applied in the practice of nursing education. Study participants were interviewed May through July 2018 for an average of 60 minutes. Two telephone interviews and 11 face-to-face interviews were conducted in this study. Open-ended questions were used for the participants to share their experiences at length. During the interviews, the investigator listened intently and gave the participants space to expand interpretations of their experiences and feelings. Moments of silence were used for the participants to reflect and process their thoughts. The investigator probed deeper into the participants' experiences when changes in voice inflections occurred.

Following the completion of the transcribed interview, the participants were provided original transcripts to view to assure the dependability of the data through member checking. Member checking is used to confirm that the investigator captured the participants' experiences correctly (Lincoln & Guba, 1985). After the investigator completed an initial review of the field notes and transcripts, participants were notified to clarify any opacities within the transcripts. Credibility was upheld through the investigator's prolonged engagement with the interview transcript. Once validation of the interview transcripts was accomplished, the investigator reviewed the transcripts three times, highlighting selective words, statements, and phrases that were essential or telling about the experience being described. With this process, credibility can be compared with the internal validity of the study (Lincoln & Guba, 1985).

The coding process of the transcripts consisted of three steps. First, initial coding of the transcripts was completed by the principal investigator. Next, the qualitative

expert on the investigator's dissertation team completed a secondary analysis by reviewing the research process, coding themes, audit trail, transcripts, and interpretations to assure confirmability of results. For a third analysis, the investigator used qualitative data software, MAXQDA, for accuracy. In addition, MAXQDA was used to refine the coding process, increase visualization, and provide theming, offering multiple perspectives on subthemes and categories (Creswell, 2012). The investigator had full control of the analytical and interpretive process. MAXQDA coding of the transcripts resulted in a 90% agreement. In a qualitative study, confirmability assures objectivity of the results (Lincoln & Guba, 1985).

The investigator completed a selective approach to isolate thematic statements from the text. According to van Manen (1990), a theme ensues repeatedly and emerges throughout the text. The investigator's analysis of the text showed the lived experience of post-licensure nurses during their baccalaureate perioperative clinical rotation. Based on careful analysis, the data and interviews were themed and subthemed. Themes and subthemes were defined and evaluated by clarifying the participants' answers and member checking. Inviting the participants to read the transcripts and themes ensured that the data were rooted in the participant's own language (Bloomberg & Volpe, 2008). All 13 participants responded that the investigator had accurately recorded their lived experience.

Themes and subthemes related to this study exemplified the participants' lived experience in a perioperative clinical rotation. Two themes and four subthemes emerged from the coding process. The two themes emerging from this study were "value" and "attitude." Subthemes under "value" are gaining knowledge and skill set and a different

type of nursing. Subthemes under “attitude” are communication with the medical team and advocacy for families and patients (see Appendix F). The investigator systematically developed a narrative that explicates themes while remaining faithful to the essence of the experience under investigation (Van Manen, 1990).

Theme One: Value

A discovery that was attained from the OR clinical rotation was value of knowledge and skill set and caring for patients. Value is defined as “the regard that something is held to deserve; the importance, worth, or usefulness of something” (“Value,” n.d.). Prior to the clinical rotation, all of the participants expressed that their prior knowledge of the OR was extrapolated from medical television shows that showcased physicians and residents. Their perception of a registered nurse’s role in the OR was that of “handing the instruments to the doctor.” In this study, Participant 2 stated, “the clinical experience opened up my eyes to the immense details and understanding of the complexities of the OR in order to responsibly care for a surgical patient you just met.” Participant 11 noted the following:

Everybody thinks it’s the doctors that are making everything happen, but it is far from the truth. Flipping the room over, making sure it’s prepped for the needs of my patient was a tremendous responsibility. The clinical course gave me the knowledge and practice of saying to myself: Do I have the right size tools for my patient? Did I position the patient appropriately, so I didn’t cause any damage to their nerves? Did I get anesthesia the flexible scope to intubate? Did I count the instruments, sponges, and communicate with the family is all swirling around in your head. It’s double checking to make certain I have thought about every scenario that can happen to my patient, which plays a big factor in my patient’s outcome.

Findings in this study indicated those who participated in a perioperative clinical rotation within their baccalaureate nursing program could operationalize experiential learning by applying surgical concepts to concrete experiences, reflecting upon

encounters and refining the encounter for future experiences (Ball et al., 2015; Bandura, 1977; Gregory et al., 2014; Kolb, 1984).

Participant 10, who is employed in the OR, shared the following:

There were experiences within the course to help you to get familiar with the concepts of sterile field, how to open things up onto the field, communication, and safety. So, we were able to practice the process of doing all of these things in simulations with people from the university and the hospital. It was nice to get to do those kinds of things outside of the OR before actually having to do it for real within the OR. I was happy to see what they do because that [experience] is why I chose the OR as my profession.

Engaging in an experience provided through an academic service partnership granted an opportunity for student nurses to conceptualize the role of the perioperative nurse (Ball et al., 2015; Callaghan, 2011). The immersion experience “prepared the student nurse to begin his or her role as a novice perioperative nurse with realistic expectations of what nursing practice entails” in the OR (Penprase et al., 2016, p. 190).

Nine participants found the perioperative clinical rotation added value when pursuing a job within the OR. Four participants found value in the perioperative experience, offering skill sets that led to employment outside of the OR.

All of the participants, whether they worked in perioperative nursing or not, saw value in the experience. Participant 12, who does not work in the OR, made these observations:

Initially the experience was a bit overwhelming, I think, at first because there is so much that goes on behind the scenes and trying to get into [the experience] it. From writing the paper [for the application of the clinical] the preparatory work and going to see the actual facility and what they do was overwhelming.

Participant 12 continues on:

The nurses and surgeons [in the OR] I worked with were very patient and wanted to give me their knowledge [about the OR]. That was not my experience in all of my clinicals as a student and I appreciated their patience while I was learning.

The surgical technologists were a bit leery at first, but I understood later why she was doing it. She was protecting her [sterile] field. All of these [experiences] made a difference in me from aseptic technique to speaking with surgeons, focused assessments, and anticipating every move. I didn't realize how much the nurse do in surgery, and I valued my team for their teachings.

Participant 13 who does not work in the OR stated the following:

I was able to take the knowledge from the OR clinical and use it out in my current area in critical care. It was a huge help to know how to speak [in a succinct manner] to surgeons and have the confidence to push back. I became much more detailed oriented. Another item is sterile technique. No one knows sterile technique like an OR nurse, and it is engrained in me forever. I have taken these skills in my practice areas and I know it has made me out to be a better nurse, a more confident nurse.

Gaining Knowledge and Skill Set

Gaining knowledge and skill sets within the perioperative clinical experience as stated by participants meant graduates gained insight from the clinical experience to apply their knowledge as an RN in the OR specialty. The application of experiential learning characteristics in fields, such as sports psychology, engineering, and hospitality, served to heighten individual student satisfaction in his/her chosen field and offered a higher level of critical thinking for a familiar transition into the work culture (Chan, 2012; Dawe & Sankar, 2016; Dolasky & Moore, 2013; Hill, 2017; Lisko & O'Dell; 2010; Medini, 2017; Venkateswarlu, 2017). Applying this concept to nursing will allow students to know if the OR is for them. In this study, some participants did not see this experience as a type of nursing they wanted to pursue as a career choice.

Operationalizing experiential learning within the perioperative clinical environment is supporting nursing students to employ the surgical concepts to concrete experiences, reflect upon encounters, and refine the encounter for future experiences (Ball et al., 2015;

Gregory et al., 2014, Kolb, 1984). Therefore, the established process of experimental learning has value within the nursing discipline.

By working side by side with a perioperative nurse, the participants were able to gain insight by building their knowledge and confidence through this experience. Prior to the perioperative clinical rotation, Participant 1 shared how she was “unaware of the importance of being aware of what I was encountering in the OR.” Participant 1 elaborated on why she chose the OR as her profession:

Despite our brief introduction to the OR, I was prepared the first couple of days because I didn't understand how all of the pieces of the OR linked together. For example, the assessment of the patient so I would know how to prepare my room and my [surgical] team. The information is foreign and a lot to process. The longer I did it, the more comfortable I felt with it, and the more excited I was about the opportunity to be in the OR.

Participant 11 stated she wanted to work in the OR because

I learned how vulnerable the [surgical] patients are. I learned how important it is to advocate [for your patient] and to be their eyes and ears. I applied this knowledge to my now clinical practice in ambulatory surgery.

The perioperative clinical rotation brought insight to the role of the perioperative nurse.

Participant 8 explained the following:

The [OR] experience was something I couldn't conceptualize. You need to live it to understand it. Other clinical [experiences] are focused on floor nursing and how to assess and intervene on the floor. I was able to see how [the nurses] do those function in the OR; how to assess, how to operate the equipment, how to intervene, how to push back to the surgeon or anesthesiologist when advocating for the patient. The role was very appealing to me.

Participants in this study commented that clinical exposure to the OR was a key factor, helping the graduates learn the role of the perioperative nurse in new ways that deepened their experience. The experiences were used for them to build the necessary confidence needed to engage in the activities and expectations of a perioperative nurse (Kolb, 1984).

With previous qualitative studies, there was additional support provided for applying experiential learning to clinical rotations to build confidence to effectively carry out nursing activities. Fura and Wisner (2017) described how an experiential learning strategy positively affected the student's clinical reasoning by offering an understanding of the nurse's role in creating safe practice OR environments. In a qualitative study consisting of nursing, pharmacy, and occupational therapy students, Hill (2017) showed gained confidence by applying experiential learning to refine their health assessment skills and clinical reasoning.

A Different Type of Nursing

Perioperative nursing was viewed as a different type of nursing. Participant 2 elaborated, "The clinical experience opened up my eyes to the immense details and understanding of the complexities of the OR in order to responsibly care for a surgical patient you just met." Participant 1 explained, "It is so unique compared to any other type of nursing." Exposing students to perioperative nursing has unique opportunities to glean an understanding of the knowledge necessary to care for patients in the OR (Nash et al., 2018).

Participant 3 explained the following:

OR nursing is not understood. It's a specialty where not many people know how nurses are a benefit. The OR and floor nursing feel worlds apart. Prior to my clinical, it was a lack of exposure and the understanding of the different kinds of roles, and the people who are involved in caring for the patient. As I gained more experience, I valued what I learned in the OR and wanted to learn more about it.

Participant 8 further validates this point:

My preceptor helped me to think critically about my decisions [in surgery]. You give care in a different way that is not like floor nursing. The more exposure I had as the nurse in the OR, the more value I placed into the clinical experience. You give care in a different way that is not like floor nursing.

There is a need to prepare nursing students for a complex and diverse health care delivery workplace. Many of today's nursing students have minimal to no exposure to the operating room, and there is a growing concern that future nurses due to the limited exposure may be reluctant to seek employment in the operating room (Auerbach et al., 2012; Callaghan, 2011; Crowley, 2011; Dickinson, 2014; Nash et al., 2018).

Participant 10 commented, “The [operating] room is yours. You need to be spot on with your critical thinking in assessment and medications because they are asleep, and you cannot go back and ask them questions.” Participant 10 continued to elaborate, “You need to advocate for a vulnerable patient on the table and think five steps ahead of the surgeon and anesthesiologist for safe care.” According to Li and Liu (2016), hands-on experiences increase students’ self-confidence, critical thinking, and work ethic. Bandura’s premise was that the perception of an individual’s self-efficacy affects all aspects of the learner’s educational experience. Motivation, interest, and achievement can be affected by an individual’s belief in competently and successfully performing a task (Bandura, 1986).

Participants who did not choose the OR as their chosen area of specialty contended that they did not consider the perioperative role to be real nursing. Phenomenology attempts to explain the meaning of a person’s everyday life-world (Van Manen, 1990). Participants expressed different attitudes towards the surgical specialty and values for practice choice. Participant 9 relayed she would be “wasting [her] nursing skills that she gained in nursing school.” She continued to elaborate that “a lot of effort goes into the OR, but you are not getting down to the nitty gritty of taking care of patients.” Participant 12 reflected on this sentiment by stating the following:

Too many of them [the nurses] are control freaks about their sterile field and how they want their [operating] room to run. I couldn't use any of my assessment skills or interventions as a nurse, so it didn't allow me to think critically. This made my stress level too high and I felt like I couldn't learn within that environment.

These comments aligned with Ricketts and Gray (2010) who discussed nursing students' perceptions of perioperative nursing as being technical and skill-based with minimal requirements for critical thinking. Participant 4 noted "I am a detailed oriented person, and I like to understand the whole person, but the surgical environment was not conducive to my line of thought."

Theme Two: Attitude

Attitude was a key factor that contributed to the participants' decision on their choice of setting for their clinical practice. Attitude is defined as "a behavior a person adopts toward other people, things, incidents, or happenings" ("Attitude," n.d.). Participants discovered that effective communication with the surgical team is a necessity to adopt an attitude of acceptance as a team member within the OR culture and advocating for patients and families in the perioperative clinical setting.

Communication with the Surgical Team

Participants found if communication was limited or restrictive, then one did not feel like a valued member of the team. Nash et al. (2018) similarly identified communication with the surgical team as a conduit for a positive student experience.

Being accepted within the surgical culture was a commonality among those participants who became employed within the OR. Prior to the clinical rotation, all of the participants verbalized how they knew minimal to no information about the culture of the OR. According to Participant 1, effective communication with the team includes

“actively listening, verbalizing the action needed for the good of the patient.” Participant 6 stated the following:

[The nurses] are so willing to explain procedures, policies, assessments, and whatever is going, but on the other hand, I was willing to listen and to ask questions. The surgical team is a well-oiled machine who are used to doing their thing. Now, you have these students in the mix, and you don't want to interrupt that synergy, but yet, I was there to learn, too. I wasn't intimidated, and I asked questions to engage myself, so they could see that I was interested in their roles and to build my skills in the OR.

Participant 7 explained the following:

The nurses [in the OR] talked about the different cultures based on who the team is. There is different work to be done in different types of cases, so you work with them differently. To be a part of that team you need to experience their dynamics and appropriately communicate with them to prove your knowledge in order to gain trust.

This participant continued to elaborate the following:

I think for some people, you have a feeling of what you want to do. Then you get into a work area and you do it. You either learn this is what you want to do, or this is not really what I want to do. I know other schools do not offer this [experience]. I got the chance to experience ahead of time to experience the role and knew for sure this is what I wanted to do.

Participants commented that with practice, communication techniques grew stronger and bonds for acceptance within the surgical team increased. Participant 2 noted, “I learned to communicate with the surgeons and staff, their team, and to deliver safe care in the OR.” Opportunities to repetitiously perform nursing activities in the OR gave the participants increased confidence and self-assurance in themselves. Participant 2 continued to elaborate, “The importance of open communication amongst the team to deliver safe care, and to advocate for my patient when the sponge count was off.”

Through experiential learning, nursing students gained an understanding of the scope of knowledge necessary to make clinical decisions as a member of the perioperative team

(Ball et al., 2015; Hill, 2017). Applying experiential learning within the surgical experience was used for the students to discover the information, process the information, and apply and reflect on the experience they have completed (Chan, 2012).

The academic service partnership exposed students to socialization and real-world surgical specialty. Clinical experts from the hospital OR shared their knowledge with the participants to encourage growth of confidence and competence in this clinical environment (Bvumbwe, 2016). The findings in this study that academic partnerships develop nurses who are interested in perioperative surgical practice and can help to build a sustainable workforce was supported in the literature (Bvumbwe, 2016; Foran, 2016; Gregory et al., 2014; Penprase et al., 2016; Sigsby & Yarandi, 2004).

Participant 9 who does not work in the OR described her feelings as a “lack of connection” with the nurses and surgeons, which resulted in the feeling of being a bystander.

Participant 12 shared how he was not connected with the surgical team:

Everyone in the room was very nice to each other. They were all talking with each other and they got along well, but it was different for me. No one was getting along with me or speaking [to] me.

In a qualitative study, Meyer et al. (2016) confirmed that interpretations of perioperative nurse competencies, patient care, and the surgical environment occur at various levels of understanding. Classroom preparation and clinical experience is used to narrow the perceived theory to practice gap within perioperative nursing (Callaghan, 2011; Lydon & Burke, 2012; Meyer et al., 2016; Neacsu, 2006).

Applying Kolb and Bandura’ Theories to the Participant Comments

Kolb and Bandura's framework are supported by the findings of the dissertation study and the literature. Exploring how exposure to a supportive clinical environment that allows students to gain independence by being responsible for patients undergoing surgical procedures can build their perioperative skills and interact in this nursing role (Ball et al., 2015; Findik et al., 2015; Foran, 2016; Gregory et al., 2014). Fok-Han, Martin, and Batty (2009) presented a perioperative curriculum structured around Kolb's flexible learning environment that was receptive to the learning needs of the student. Learning interactions need to be purposeful and should progressively build upon prior knowledge (Kolb, 1984). Performance attainment is achieved when the learner receives a strengthened perception regarding the ability to perform the role necessary for perioperative nursing (Bandura, 1986).

Advocating for patients and families. Participants in this study discovered they felt connected with their patients and families by advocating for them during the surgical experience. Participant 1 explained, "OR nurses have all of this autonomy to make certain the room is run appropriately, and the standards of care are evidence based, and I love that." Applying experiential learning in this study affected the student's clinical reasoning by understanding the nurse's role creating safe practice environments for those employed in the OR (Dolasky & Moore, 2013; Fura & Wisser, 2017). Participant 10 mentioned, "in order to advocate for patients, communication was of utmost importance to anticipate any unforeseen issues."

Participant 10 elaborated on her connection with the patient:

There were times that I was unsure if my patient really understood what they had signed up for [surgery]. There were a few patients who were not honest with their pre-op nurse, about what medications were and were not taken the morning of surgery, impacting that patient's safety and outcomes. It was my duty to call and

“speak with the surgeon, even if it was going to create a delay and potential loss of funds for the OR.”

A second member check was completed with Participant 10 to confirm the above comments were elicited from her precepted perioperative clinical rotation and not her from her current role as an OR nurse (Participant 10, personal communication, October 16, 2018).

Participant 2 connected with the patient and family:

I benefited from my patients every day because in a short amount of time I able to assess, explain, and educate [patients] to make them feel confident about being in [our surgical] care. Reflecting back on the surgical rotation, I became more compassionate for what the patient and families were going through [in surgery]. I [felt] valuable in that role.

Applying Kolb’s (1984) experiential learning theory increased confidence levels for participants who chose the OR for employment by transforming the experience into cognitive frameworks and caring characteristics necessary for perioperative nursing.

Participant 3 shared, “Knowing when to speak up for the patient when they are anesthetized is important. I am their advocate. I am their voice.” Participant 11 explained how being an advocate for the patient was pivotal for choosing the OR as her profession:

When I met that patient and their family for the first time, [my preceptor] made certain the patient [knew we would] be advocating for them while they are in [our] care. This experience has taught me how I do practice in my surgical setting. When they are my patient it is my time to make sure the patient knows that they are in good hands and that they are safe; somebody is there. The surgeon is focused in on the operating field, while anesthesia is concerned with the airway. As a nurse in the OR, I get to pay attention to the whole patient.

Participant 7 noted:

Even though my time is short with a conscious patient, it is very appealing to me. Experiencing this connection throughout the clinical rotation is definitely one of the [reasons why] I chose perioperative nursing.

In another qualitative study, Hill (2017) applied experimental learning in an interprofessional clinical rotation, resulting in student-centered engagement, communication, and confidence among the various disciplines (Hill, 2017).

Participant 13 spoke about the OR experience:

I felt very restrictive in the clinical rotation. I was restricted with what I could say [to the patient] the skills I could use. I was restricted with the amount of time I could spend [with the patient]. Even the mask was bothersome.

Both, Participants' 4 and 9 interview comments have insight into why they did not choose the OR as the specialty of choice. The resulting thoughts from the participants' interviews not employed in the OR gained a working knowledge about the OR, but knew the OR was not a professional fit for them. Participant 4 mentioned, "It was hard because there's no patient interaction. I have compassion for patients, and the only way for me to communicate compassion is to speak with them." Participant 9 explains how, "I don't know how I could fully prepare someone [for surgery] without scaring them." Participant 9 continued to explain, "For me, I needed more knowledge to be comfortable with the patients." Participant 4 echoed this comment by stating, "learning more [in nursing school on] how to care for the perioperative while they're in surgery might have made a positive difference in my experience."

Chapter Summary

Interpretation of data from 13 interviews were presented in this chapter. Themes and subthemes were reviewed and confirmed to assure the investigator accurately captured their stories. The findings from this study were aligned with reviewed literature and added to the understanding of the experiences shared by post-licensure nurses who

participated in a perioperative clinical rotation within their baccalaureate nursing program.

Themes and subthemes were supported with interview excerpts and previous literature. Value was the first theme that emerged. All participants expressed they found value in the clinical experience whether they worked in perioperative nursing or not. Participants gained a deepened experience through the exposure of the surgical experience within the abstract conceptualization and active experimentation cycle as depicted in Kolb's model. The first subtheme identified within value was gaining knowledge and skill set. Participants stated that as they gained knowledge and skills, their confidence increased throughout the clinical rotation. The second subtheme emerging from value was of perioperative nursing being a different type of nursing. Some participants stated they did not always consider OR nursing to be nursing.

Attitude was the second theme that emerged from the participants' comments. Attitude was a key factor that contributed to the participants' decision on their choice of setting for their clinical practice. The first subtheme identified within attitude was communication with the surgical team. Participants discovered that team communication is a necessity to feel accepted as a valued team member within the OR culture. Participants found if communication was non-inclusive, they did not feel like a valued member of the team. Advocating for the patients and families was the second subtheme that emerged from attitude. In this study, the majority of the participants discovered they felt connected with their patients and families by advocating for them during the surgical experience. During the clinical rotation, participants were able to experience therapeutic communication, which resulted in a trusting rapport between patients and their families.

The phenomenological method by van Manen was applied to investigate the lived experience of post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program. The integrations of Kolb's experiential learning theory and Bandura's theory of self-efficacy model was the framework that supported the study. Within the concrete experience, participants shared specific perioperative curricular outcomes. Reflective observation was used for the participants to share their thoughts and feeling about their time in the perioperative setting. The surgical experience enhanced self-efficacy in this clinical setting and was used for modeling and abstract conceptualization (Bandura, 1986; Kolb, 1984). Examples of knowledge gained shared by the participants was centered on surgical asepsis, patient positioning, and participation in quality/safety control in the clinical environment (Kolb, 1984). The learning interactions were found to be purposeful and progressive that helped shape them as perioperative nurses. Performance attainment was achieved in the perioperative clinical experience when the student received a strengthened perception about the ability to perform the role necessary for perioperative nursing (Bandura, 1986).

Chapter Five

Discussion and Summary

Perioperative nursing is a specialty guided by theoretical knowledge, ethical principles, research, and specialized clinical skills. Understanding the operative nurse role affects the recruitment and employment for perioperative nursing. The purpose of the dissertation study was to understand the lived experience of post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program.

Using Kolb's (1984) theory of experiential learning and Bandura's (1986) self-efficacy theory, an experiential perioperative clinical rotation was used as the theoretical framework for the dissertation study. The experiential perioperative clinical rotation affected the study participants' interest for working in the operating room. Most had highlighted an interest in the specialty, and those participants' not choosing the OR as their choice of employment expressed that the experience positively affected the type of nurse they are today. Experiential learning can build the fundamental knowledge necessary to understand the novice perioperative nurse's role as a career choice.

Summary of the Findings

The aim of this dissertation study was to understand the lived experience of post-licensure nurses who participated in an experiential perioperative clinical rotation and if this experience resulted in enhancing the students' interest for working in the operating room. All participants perceived perioperative nursing as a different type of nursing. The

themes identified were value of the experience and attitude towards the operative world. For some of the participants, a deepened experience in the OR specialty was gained through the exposure to perioperative nursing tying to the abstract conceptualization and active experimentation in Kolb's model. Bandura's self-efficacy was observed in this change in attitude through exposure to the clinical experience. Participants formulated different attitudes and values that surrounded the OR role. After the experience, participants who sought employment in the OR viewed the experience as valuable, for they could apply their nursing knowledge and critical thinking in new ways. As the clinical rotation progressed over the 5 weeks, students could explicitly apply the knowledge they gained within the clinical experience. Therefore, the participants were given the confidence and sense of self-efficacy in order to aspire to learn additional knowledge necessary in the perioperative role by the knowledge gained in this experience (Bandura, 1986; Kolb, 1984). All participants expressed they gained an appreciation on various levels with aseptic technique, working within a team, communicating with confidence to surgeons, and advocating for patients and families. Nursing skills and techniques from the clinical rotation extended beyond the perioperative specialty and were valued as significant contributions towards the enhancement of quality nursing care in all patient care areas. Findings from the dissertation study are further analyzed, taking into consideration previous literature as well as the implications for practice.

Integration of the Findings with Previous Literature

Experiential learning in highly specialized clinical areas, such as the OR, is needed to be incorporated in nursing education in order to meet the necessary need for OR nurses within the community. Understanding nursing students' perceptions of the OR

culture and role once they are post-licensure RNs can offer insight into attracting nurses into the specialty.

The investigator found that experiential learning in the perioperative clinical rotation did affect participants' career choice. Additionally, regardless of career choice, the OR experience positively affected the type of nurse the participants are today. Qualitative and quantitative studies are sparse regarding students who had a meaningful perioperative experience, but available studies are related and can be evaluated in relation to the dissertation study.

Experiential, Learning-Impacted Career Choice

Value emerged from the experiential perioperative clinical rotation. The value of a surgical nurse as a professional nurse role was in question since the world wars (Clemons, 1976; Groah, 1983; Shoup, 1988). Most nursing students have minimal exposure to the OR and, therefore, have little experience in which to value the challenges and rewards of perioperative nursing (Messina et al., 2011). Ricketts and Gray (2011) suggested students have a preconceived perception that perioperative nurses lack a clear definition of the autonomous role of a professional nurse in the OR. Operationalizing an experiential surgical experience has informed students of the perioperative role, allowing them to apply a surgical skill set to concrete experiences, reflecting upon encounters, and refining the encounter for future experiences (Ball et al., 2015; Bandura, 1977; Gregory et al., 2014; Kolb, 1984). Researchers agree that reflective clinical experiences positively affect student's clinical reasoning. In addition, understanding the nurse's role and performing the tasks to deliver safe care in the perioperative setting increased self-

confidence and value of the RN leader in the OR (Chan, 2012; Kolb, 1984; Lucero et al., 2017; Medini, 2017; Nash et al., 2018; Sato & Laughlin, 2017; Venkateswarlu, 2017).

The dissertation study participants shared that the experiential perioperative clinical rotation added value when thinking of pursuing a job within the OR as well as employment outside of the OR. They shared that the five-week, 120-hour experience had robust clinical exposure to the OR that was a key factor in helping graduates learn the role of the perioperative nurse. Sigsby and Yarandi (2004) found that perioperative clinical experiences were used for a favorable environment to gain knowledge of concepts related to the care of surgical patients. Participants in this dissertation study shared that on the OR rotation, they considered the RN leader as “something I couldn’t conceptualize,” “I needed to live it,” and “understand how to function in the OR.” Hill (2017) found that experiential learning promotes self-confidence and enhances knowledge and skills in nursing. This experiential learning was corroborated in several study findings that through hands-on experience in the OR, nursing students experienced the scope of knowledge necessary to make clinical decisions as a member of the perioperative team (Ball et al., 2015; Hill, 2017). Opportunities to repetitiously perform nursing activities in the OR was used for the participants to increase confidence and self-assurance in themselves “to deliver safe care” in the perioperative nurse role. The experiential surgical rotation positively affected participants’ perceptions of their abilities to be employed within the OR.

Necessity of academic service partnership. In this dissertation study, an academic service partnership between the university and the health care agency was created intentionally to enhance an awareness of perioperative nursing in order to assist

in meeting the perioperative workforce demands. The procurement of the academic service partnership made it possible for the OR clinical rotation to be offered to students. The academic service partnership fostered a five-week, 120-hour, evidence-based perioperative clinical rotation to expose students to the OR culture and to stimulate interest to seek out employment in surgical services. Participants in this dissertation study believed that the support of the health care agency nurse preceptor helped them think “as a nurse in surgery.” They also shared that they were surprised at “the immense detail” as well as the necessary knowledge needed to “understand the complexities of the OR” and to responsibly care for a surgical patient. They explained that once they learned how to apply specific nursing interventions in the OR, they expressed a desire to learn more about the specialty. Nash et al. (2018) found value in an elective, 120-hour experiential perioperative internship by increasing student awareness of the perioperative role and influencing how they would deliver patient care in the future within and outside of the OR environment. Nash et al. (2018) reported seven of the eight pre-licensure students who completed the experiential perioperative internship expressed an interest of pursuing a career in perioperative nursing upon graduation.

In this dissertation study, the surgical experience affected the perioperative workforce by employing over half of the participants (54%). Some participants were unable to secure employment in the OR (15%) but continued to explore perioperative job openings. Participants who did not choose the OR as their chosen area of specialty (31%) had “an appreciation for what they did in the OR,” but decided OR nursing was not their practice choice. Further research should be considered that would evaluate the minimal

amount of time and the essential activities necessary for a nursing student to experience the OR culture and to learn the role of a novice perioperative nurse.

Effect on the Type of Nurses They Are Today

The concept of attitude emerged from the study. The literature is sparse about perceived attitudes of a perioperative clinical experience. All of the dissertation study participants showed that perioperative nursing is a different type of nursing. Thus, there were different attitudes toward the perioperative specialty. In this dissertation study, the OR rotation positively affected nine of the participants' perceptions of the OR, resulting in two participants still seeking employment and seven who obtained employment in the surgical specialty. Callaghan (2011) found that nursing students who participated in an OR clinical immersion perceived perioperative nursing as surgical interventions that offered invisible opportunities for all types of nursing care. The attitude of the four remaining study participants who are employed outside of the OR shared that the acquired skill sets of aseptic technique, communicating logically and succinctly with surgeons, and learning to work in teams were "invaluable" skills they apply within their current clinical practices. This dissertation study affected all of the participants by learning valuable skills that are transferable to any nursing practice setting.

Communication affecting attitude. Participants discovered that effective communication is a necessity to feel accepted as a valued team member within the OR culture. Nash et al. (2018) identified communication with the surgical team as a conduit for a positive student experience. Prior to the clinical rotation, all of the participants in the dissertation study verbalized how they knew minimal to no information about the culture of the OR. During the clinical rotation, study participants gained confidence to

voice opinions and concerns. Participants commented that with practice, communication techniques grew stronger and bonds for acceptance within the surgical team increased. Malley et al. (2015) and Mohamed et al. (2014) supported that a student's ability to understand the OR culture and communicate with the team affects their desire to belong to a specific clinical practice area.

Study participants believed that when communication was limited or restrictive, they did not feel like a valued member of the team. Several participants who did not seek employment in the OR felt a "lack of connection" with the nurses and surgeons, which resulted in the feeling of "being a bystander." Participants who became employed in the OR expressed that "being accepted" within the surgical culture was pivotal in their decision making within the OR specialty. In this dissertation study, the surgical rotation has assisted with the perception gap of why graduates do or do not pursue the OR workforce.

Advocacy affecting attitude. Participants in this study discovered they felt connected with their patients and families by advocating for them during the surgical experience. Some of the participants shared they had the "autonomy to make certain the room is run appropriately," and it was their "duty" to know when to "speak up for the patient" to ensure safe care. Dolasky and Moore (2013) and Fura and Wisser (2017) supported how an experiential clinical rotation affects a student's clinical reasoning by understanding the nurse's role, thereby creating safe practice environments for his/her patients.

One study participant shared how the OR rotation allowed her to experience advocacy in the perioperative setting by developing a trusting rapport preoperatively with

her patient and the family. This experience was pivotal for her in selecting the OR as her career choice. Another study participant not employed in the OR articulated that he did not feel any connection with the patients of families for he “felt restricted” about the information he could convey to patients and families; therefore, he felt like he had “no patient interaction.” Participants from this study who did not choose the OR as their place of employment shared the OR environment was a barrier to be an effective advocate. Future research is needed about institutional barriers in the OR and other clinical settings in which nurses may find difficulty in being supported by their colleagues or administration.

Implications of the Findings

The investigator aspired to understand if the lived experience of post-licensure nurses who participated in an experiential perioperative clinical rotation resulted in enhancing the students’ interest for working in the operating room. Participants believed that experiential learning experiences in the OR were instrumental in providing opportunities for undergraduate nursing students to understand the scope of knowledge necessary for perioperative nursing and continue an interest or disinterest for employment into OR specialty. The findings from this study have implications for nursing education, nursing practice, nursing research, and public policy.

Implications for Nursing Education

This investigator supported the fact that a five-week, 120-hour experiential OR rotation is contributory in building fundamental knowledge necessary to understand the novice perioperative nurse role. Sufficient exposure to the OR is needed to inform aseptic knowledge and stimulate interest. This experience was noted in other studies that

students acquire the theoretical knowledge, ethical principles, research, specialized clinical skills, and caring practices necessary to be interested in being employed in perioperative nursing (Girard, 2004; Gregory et al., 2014; Holmes, 2004; Sigsby & Yarandi, 2004). The literature was inconsistent for the hours spent within the OR in order for students to gain independence and self-assurance to assume the responsibility for patients undergoing surgical procedures; however, the use of AORN Periop 101 curriculum was applied in each of these studies (Ball et al., 2015; Findik et al., 2015; Foran, 2016; Gregory et al., 2014, Nash et al., 2018). The rationale is to “expose graduates to a range of technologies that facilitate clinical care, including patient monitoring systems, medication administration systems, and other technologies to support patient care” (AACN, 2008, p. 170). Baccalaureate-prepared nurses are prepared for the generalist role (AACN, 2008). There is a need to adequately expose nursing students for a complex workplace in the OR (AACN, 2008, 2014).

All of the participants shared that the experiential perioperative clinical rotation positively affected the type of nurse they are today. The clinical rotation added value when thinking of pursuing a job within the OR as well as employment outside of the OR. With these findings, the knowledge and concepts acquired from the experiential surgical experience were desirable qualities for employment in the OR as well influencing how care will be delivered in other clinical areas in nursing. Educators would benefit from examining their undergraduate nursing curriculum to be inclusive of perioperative education and the benefits of meaningful experiential learning opportunities.

Implications for Nursing Practice

Expanding nursing studies experience to various specialties would energize and connect nurses to role options. An understanding of the OR culture and perioperative nurses' role through experiential learning affects a nursing student's inclination or awareness of the option to seek a position in this specific clinical practice area (Malley et al., 2015; Mohamed et al., 2014). Experiencing the scope of knowledge necessary for perioperative nursing through hands-on experience has assisted the nursing student in making clinical decisions as a member of the perioperative team (Ball et al., 2015; Hill, 2017). Participants in this study voiced that the exposure to OR clinical rotation had an awareness of the surgical specialty. In this dissertation study, participants pursuing the OR as their career choice felt prepared for the perioperative nurse role. AORN (2014b) concluded, "There is a continuous need to provide optimal care that is high quality, safe, accessible, cost-effective, and affordable for patients undergoing invasive procedures in all settings" (p. 205). Fewer numbers of nursing students have been exposed to the perioperative experience, and operating room supervisors are hesitant to hire nurses with no perioperative experience (Auerbach et al., 2012; Ball et al., 2015; Foran, 2016; Gregory et al., 2014; Happell, 2000).

In this dissertation study, participants shared the benefits of working side by side with a perioperative nurse was noted by their experience in the "immense details" and "complexities" of the surgical role. This experience was used for the participants to acquire a better understanding of the OR specialty in order to determine if the OR is a possible career choice. Participants of the dissertation study who chose the OR valued the knowledge and skill set learned and the type of nursing that takes place within the OR. Experiencing how the surgical team communicated with the participants and the ability

for the participants to advocate for patients and families has created an attitude of acceptance within the OR culture. Experiential learning experiences, therefore, changed these students' perceptions of having a career in the OR would mean.

Implications for Nursing Research

With the findings from this study, a gap in literature about perceptions of post-licensure nurses and the application of experiential learning in a clinical rotation to stimulate students' interest has been addressed. Specifically, the focus of this study was on the OR, and this focus can serve as the foundation for future research to inform nursing education, practice, and public policy. Nationally, there is a concerning shortage of OR nurses in the US (AORN, 2017). Conducting further research about nurses who participate in experiential clinical rotations and transition into OR practice will continue to support academia and nursing curriculum changes to increase a focus in the area when preparing future nurses (Findik et al., 2015; Penprase et al., 2016).

In this dissertation study, the complexity of perioperative care and vulnerability of surgical patients and rendering care in the OR are factors that interested the students in the perioperative specialty. Meyer et al. (2016) found students who participated in a 15-week OR clinical rotation reported negative perceptions regarding their learning experiences in the OR due to lack of preparatory knowledge and the skills. Meyer et al. (2016) found that participants perceived the OR experience as negative and invaluable, which the findings of the dissertation study have refuted. Nine out of the 13 participants' (69%) interest for working in the operating room was enhanced by the clinical experience from the dissertation study. More research is needed to explore the effect of

implementing intensive specialty curricula to stimulate growth in the perioperative workforce and other specialty areas.

Exposure to the surgical specialty as part of an academic service partnership and experiential learning experience in the OR was a benefit in this dissertation. AACN (2011) emphasized the importance of educating baccalaureate-prepared nurses' using interprofessional competencies. In this dissertation study, participants applied evidence-based activities and interprofessional competencies required of a perioperative nurse. Participants in this study voiced that the academic service partnership increased their self-confidence and competence to effectively function within the specialty. In this dissertation research, participants shared the benefits of working and collaborating with other health care disciplines as a team member. This experience was used for them to acquire insight of the role these RN professionals provide. Participants not only worked with surgeons and anesthesiologists but also worked with surgical, laboratory, and radiology technologists and, therefore, felt like a part of the surgical services team. The academic service partnership had support for students to experience real-world learning experiences that supported employment after graduation. The partnership, however, did not guarantee employment within the institutions' OR. More research is needed to establish the effect of academic service partnerships and other support that would offer interprofessional collaboration within the OR nursing curriculum.

Implications for Public Policy

IFNP (2017) recommends that educators in academia design and implement innovative perioperative curricula to reflect contemporary practice. It was shared that there is a need to address nursing education through “outcome-based care, and evidence-

based practice necessary in the specialized environment of perioperative services” (IOM, 2015b, p. 168). Additionally, a perioperative clinical rotation was shown to increase knowledge and competency in this specialty area and to assist with current workforce needs in the OR (AORN, 2017; Gillespie et al., 2011). Further research is needed to support lobbying for increased focus of the OR specialty in nursing education through required minimal competency or increased perioperative content on the NCLEX-RN exam to encourage educators in academia to focus on that particular content in curricula.

This investigator supports the 2017 changes in the Senate Health and Welfare Committees to maintain an RN circulator for every patient room for safe care. According to AORN (2017), “every surgical patient deserves a perioperative registered nurse for the duration of any operative or other invasive procedure and actively promotes laws and regulations to ensure the supervisory presence of the professional RN in the perioperative setting” (p. 3). Seven out of 13 (54%) dissertation participants are currently employed in the perioperative setting. An additional two participants (15%) sought employment in the specialty but were unable to secure a position in the OR. Given the potential benefits of a perioperative clinical rotation to stimulate interest in working in the OR, academia and nursing professionals would be able to address the OR nurse demand by supporting lobbying for perioperative experience as a part of BSN education.

Limitations

The findings in this study have emerged from the perceptions of 13 post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program. The data from these nurses were based on their recall of their educational past experiences as students. The lapse of time, therefore, between the

perioperative clinical rotation and interviewing the participants may have shaped their data recall.

Experiential learning would offer benefits to address nursing's high turnover areas or workforce shortages. This investigator only focused on the perceptions of the participants who completed an experiential OR rotation. A different research methodology could be more successful in understanding the effect of experiential learning in these areas.

Two telephone interviews were conducted due to geographical logistics. Telephone interviews compared with face-to-face interviews, would affect the study results because of the absence of visual cues, environmental distraction, and brevity within the interview (Novick, 2008). However, according to Sweet (2002), telephone interviews can produce rich and detailed data.

The investigator is an Associate Dean in the College of Health Professions in the same university where the post-licensure nurses completed their perioperative clinical experience. The investigator did not teach this course nor have any direct oversight of the participants as students. The investigator did not affect students' course grades, grievances, or graduation award. The investigator did have a deepened knowledge of the program of study and interest in the outcomes, stimulating an interest in the research question.

The investigator is a novice at conducting qualitative research. A researcher who has more experience in this methodology may have conducted the interviews and analysis differently. Throughout the dissertation process, the investigator was committed to remaining true to van Manen's foundational model as a "textual reflection on the lived

experience and practical actions of everyday life with the intent to increase one's thoughtfulness and practical resourcefulness and tact" (1990, p. 4).

A limitation of the project is the overall sample size. The investigator remained consistent with the methodology approach applied to the study to yield rich information and data saturation (Polit & Beck, 2013). Future research could expand this study by developing a quantitative survey and by using the established themes set forth in this dissertation.

The sample of participants from this study was from one Midwestern university, which could limit the transferability of the findings (Polit & Beck, 2013). Recruiting participants from multiple programs with a similar OR clinical rotation could potentially increase transferability of the findings.

Chapter Summary

With this phenomenological study, the investigator sought to understand the meaning of post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program. Experiential learning strategies applied to the OR clinical rotation stimulated a student's interest for working in the OR.

The dissertation study participants shared that the experiential perioperative clinical rotation added value when thinking of pursuing a job within the OR as well as employment outside of the OR. The participants increased confidence and self-assurance in themselves in the perioperative nurse role with the opportunities to repetitiously perform nursing activities in the OR. The experiential surgical rotation positively affected most participants' (69%) perceptions of their abilities to be employed within the OR. An understanding of these experiences was used to provide a foundation for nursing

curriculum and perioperative nurse recruitment (AORN, 2015a; Bacon & Stewart, 2016; Gillespie et al., 2011).

An intentional academic service partnership was used to enhance the ability to provide an awareness of perioperative nursing by exposing students to the OR role and helping meet the perioperative workforce demands of the facility. The surgical rotation affected the perioperative workforce by employing over half of the participants (54%). Two participants (15%) were unable to secure employment in the OR but continued to explore perioperative job openings. Further research is needed to evaluate the minimal amount of time and the essential activities necessary for a nursing student to experience the OR culture and to learn the role of a novice perioperative nurse. It should be noted 31% of the participants realized that the perioperative area was not of interest to them when selecting employment.

All of the study participants indicated that perioperative nursing is a different type of nursing. This experiential clinical rotation affected all of the participants by learning valuable skills that are transferable to any nursing practice setting. Participants discovered that effective communication is a necessity to feel accepted as a valued team member within the OR culture. Study participants believed that when communication was limited or restrictive, they did not feel like a valued member of the team. Participants who felt connected with their patients and families were able to advocate for their patients during the surgical experience. Participants from this study who did not choose the OR as their place of employment shared the OR environment was a barrier to be an effective advocate. The surgical rotation presented the reason for the perception gap of why graduates do or do not pursue the OR workforce.

The results of this study have served as a conduit for continued research on experiential perioperative clinical rotations in undergraduate nursing academic programs. The workforce need in the OR must encourage the profession to find ways to stimulate an interest in pursuing the OR specialty for practice. Research evidence demonstrates that meaningful experiential learning offers benefits to nursing education, practice, research, and public policy.

References

- Affordable Care Act. (2017). Statistics and facts. Retrieved from <https://www.statista.com/topics/3272/obamacare/>
- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author. Retrieved from <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>
- American Association of Colleges of Nursing. (2010). *AACN-AONE Task force on academic practice partnerships. Guiding principles*. Washington, DC: Author. Retrieved from www.aacn.nche.edu/leading-initiatives/academic-practice-partnerships/GuidingPrinciples.pdf
- American Association of Colleges of Nursing. (2014). *Nursing shortage*. Washington, DC: Author Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage>
- American Association of Colleges of Nursing. (2016a). *Advancing healthcare transformation: A new era for academic nursing*. Washington, DC: Author. Retrieved from <http://www.aacn.nche.edu/news/articles/2016/manatt-report>
- American Association of Colleges of Nursing. (2016b). Using strategic partnerships to expand nursing education programs. Retrieved from <http://www.aacn.nche.edu/aacn-publications/issue-bulletin/using-strategic-partnerships>
- Association of periOperative Registered Nurses. (2007). Guidance statement: The value

of clinical learning activities in the perioperative setting in undergraduate nursing curricula. *AORN Journal*, 86(2), 265-269. doi:10.1016/j.aorn.2007.07.012

Association of periOperative Registered Nurses. (2011). *Perioperative orientation resources: Your guide to orientation, recruitment and retention*. Denver, CO:

Author. Retrieved from

<http://www.aorn.org/Secondary.aspx?id=22310&terms=perioperative%20recruitment%20guide>

Association of periOperative Registered Nurses. (2014a). AORN position statement on one perioperative registered nurse circulator dedicated to every patient undergoing an operative or other invasive procedure. *AORN Journal*, 99(2), 204-207.

Association of periOperative Registered Nurses. (2014b). *Perioperative standards and recommended practices*. Denver, CO: Author. Retrieved from

<https://www.aorn.org/guidelines/about-aorn-guidelines>

Association of periOperative Registered Nurses. (2015a). *Perioperative nursing succession planning: Theoretical learning, clinical opportunities, and residencies*

[White paper]. Retrieved from <https://www.aorn.org/>

[/media/aorn/guidelines/position-statements/14783-whitepaper-v6.pdf](https://www.aorn.org/media/aorn/guidelines/position-statements/14783-whitepaper-v6.pdf).

Association of periOperative Registered Nurses. (2015b). *Standards of perioperative practices*. Denver, CO: Author. Retrieved from

<https://www.aorn.org/guidelines/clinical-resources/aorn-standards>

Association of periOperative Registered Nurses. (2017). *RN circulator*. Retrieved from

<http://www.aorn.org/community/government-affairs/policy-agenda/rn-circulator>

- Attitude. (n.d.). In *Oxford dictionaries*. Retrieved from
<https://en.oxforddictionaries.com/definition/attitude>
- Auerbach, D., Staiger, D., Muench, U., & Buerhaus, P. (2012). The nursing workforce: A comparison of three national surveys. *Nursing Economics*, *30*(5), 253-261.
- Australian College of Operating Room Nurses. (2014). *Standards for perioperative nursing: Including nursing roles, guidelines, and position statements* (Vol. 1-2). Adelaide, Australia: Author. Retrieved from
<https://trove.nla.gov.au/work/165362876?selectedversion=NBD49049413>
- Ball, K., Doyle, D., & Oocumma, N. I. (2015). Nursing shortages in the OR: Solutions for new models of education. *AORN Journal*, *101*(1), 115-136.
- Bacon, D.R., & Stewart, K.A. (2016). Results of the 2016 AORN salary and compensation survey. *AORN Journal*, *104*(6), 486-550.
<http://dx.doi.org/10.1016/j.aorn.2016.09.013>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191-215.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Batun, S., Denton, B., Huschka, T. R., & Schaefer, A. J. (2011). Operating room pooling and parallel surgery processing under uncertainty. *INFORMS Journal on Computing*, *23*(2), 220-237.
- Beal, J. A., Alt-White, A., Erickson, J., Everett, L., Fleshner, I., Karshmer, J., Gale, S. (2012). Academic practice partnerships: A national dialogue. *Journal of Professional Nursing*, *28*(6), 327-332.

- Beal, J. A., Green, A., & Bakewell-Sachs, S. (2011). The time is right, the time is now, academic service partnerships need to be revisited. *Journal of Professional Nursing*, 27(6), 330-331. doi:10.1016/j.profnurs.2011.10.005
- Bevan, M. (2014). A method of phenomenological interviewing. *Qualitative Health Research*, 24(1), 136-144.
- Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice*. Boston, MA: Pearson Education.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Berragan, L., & Grindrod, E. (2014). Learning through simulation. *Student supplement*. London, England: RCN Publishing Company.
- Bloomberg, L. D., & Volpe, M. (2008). *Completing your qualitative dissertation: A road map from beginning to end*. Thousand Oaks, CA: Sage.
- Bureau of Labor Statistics. (2017). *Occupational outlook handbook: Healthcare occupations*. Retrieved from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>
- Bvumbwe, T. (2016). Enhancing nursing education via academic–Clinical partnership: An integrative review. *International Journal of Nursing Science*, 3(3), 314-322.
- Byrne, M., Root, S., & Culbertson, L. (2016). Integrating perioperative content in nursing curricula: A case study. *AORN Journal*, 103(6), 597-604. doi:10.1016/j.aorn.2016.03.013.
- Callaghan, A. (2011). Student nurses' perceptions of learning in a perioperative

- placement. *Journal of Advanced Nursing*, 67(4), 854-864. doi:10.1111/j.1365-2648.2010.05518.x
- Castelluccio, D. (2012). Educating for the future. *AORN Journal*, 95(4), 482-491.
- Centers for Disease Control and Prevention. (2016). *Cost of hospital discharges with common hospital operating room procedures by age and selected principal procedure* [Table 105]. Retrieved from <https://www.cdc.gov/nchs/data/hus/hus16.pdf#096>
- Chan, C. (2012). Exploring an experiential learning project through Kolb's learning theory using a qualitative research method. *European Journal of Engineering Education*, 37(4), 405-415.
- Clark-Burg, K. (2008). Future perioperative registered nurses: An insight into a perioperative program for undergraduate nursing students. *Journal of Perioperative Practice*, 18(10), 18432-18535.
- Clemons, B. (1976). Lister's day in America. *AORN Journal*, 24, 43-51.
- Cohen, M. Z. (1987). A historical overview of the phenomenologic movement. *IMAGE: Journal of Nursing Scholarship*, 19(1), 31-34.
- Cohen, M. Z., & Omery, A. (1994). Schools of phenomenology: Implications for research. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 136-153). Thousand Oaks, CA: Sage.
- Crabtree, E., Brennan, E., Davis, A., & Coyle, A. (2016). Improving patient care through nursing engagement in evidence-based practice. *Worldviews Evidence Based Nursing*, 13(2), 172-175.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five*

- approaches*. Thousand Oaks, CA: Sage.
- Crotty, M. (2003). *The foundations of social research: Meaning and perspective in the research process* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Crowley, A. J. (2011). A student perspective: Navigating through the complexities of perioperative practice (part 1). *Journal of Perioperative Practice*, 21(2), 57-59.
- Davidson, A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative Research in Psychology*, 10, 339-229.
doi:10.1080/14780887.2011.608466
- Dawe, S., & Sankar, C. S. (2016). Developing a smart city by operationalizing the co-creation of value model. *Journal of Information Technology Case and Application Research*, 18(1), 37-49.
- Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Dickinson, J. (2014). Can't find nurses for your program? These surgery programs grow their own. *Same Day Surgery*, 38, S1-S4.
- Dolasky, M. A. & Moore, S. M. (2013). Quality and safety education for Nurses (QSEN): The key is systems thinking. *Online Journal of Issues Nursing*, 18(3), 1.
- Driscoll, J. (1976). 1949-1957: AORN in retrospect. *AORN Journal*, 24, 142.
- Dunn, D. (2014). Where oh where are the OR nurses: Orientation. *Operating Room Nurse*, 8(4), 8-13.
- Fjelland, R., & Gjengedal, E. (1994). A theoretical foundation for nursing as a science. In P. Benner (Ed.), *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage.

- Findik, U. Y., Ozbas, A., Cavdar, I., Topcu, S. Y., & Onler, E. (2015). Assessment of nursing students' stress levels and coping strategies in operating room practice. *Nurse Education in Practice, 15*(3), 192-195. doi:10.1016/j.nepr.2014.11.008
- Fok-Han, L., Martin, D., & Batty, H. (2009). A theory-based curriculum design for remediation of residents' communication skills. *Medical Teacher, 31*(12), e555-e559. doi:10.3109/01421590902849529
- Foran, P. (2016). Undergraduate surgical nursing preparation and guided operating room experience: A quantitative analysis. *Nurse Education in Practice, 16*(1), 217-224.
- Fura, L. A., & Wisser, K. Z. (2017). Development and evaluation of a systems thinking education strategy for baccalaureate nursing curriculum: A pilot study. *Nursing Education Perspectives, 38*(5), 270-271.
- Gadamer, H. (1989). *Truth and method* (2nd ed). London, England: Stagbooks.
- Gillespie, B. M., Chaboyer, W., Wallis, M., & Werder, H. (2011). Education and experience make a difference: Results of a predictor study. *AORN Journal, 94*(1), 78-90. doi:10.1016/j.aorn.2010.11.037
- Girard, N. (2004). Perioperative education perspective: From the think tank. *AORN Journal, 80*(5), 827-835. doi:10.1016/S0001-2092(06)60506-1
- Gregory, S., Bolling, D. R., & Langston, N. F. (2014). Partnerships and new learning models to create the future perioperative nursing workforce. *AORN Journal, 99*(1), 96-105. doi:10.1016/j.aorn.2013.10.012
- Groah, L. (1983). *Operating room nursing*. Reston, VA: Reston Publishing Co, Inc.
- Hall, V. P., Causey, B., Johnson, M. P., & Hayes, P. (2012). Regionally increasing

- baccalaureate-prepared nurses: Development of the regionally increasing baccalaureate nursing model. *Journal of Professional Nursing*, 50, 547-548.
- Happell, B. (2000). Student interest in perioperative nursing practice as a career. *AORN Journal*, 71(3), 600-605.
- Healthcare Cost and Utilization Project. (2015). *Most frequent operating room procedures performed in U.S. hospitals*. Washington, DC: Agency for Healthcare Research and Quality. Retrieved from <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb186-Operating-Room-Procedures-United-States-2012.jsp>
- Health Resources and Services Administration. (2014). *Future of the nursing workforce: National and state level projections, 2012-2025*. Bethesda, MD: Author. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingprojections.pdf>
- Hill, B. (2017). Research into experiential learning in nurse education. *British Journal of Nursing*, 26(16), 932-939.
- Hillman, L., & Foster, R. R. (2011). The impact of a nursing transitions program on retention and cost savings. *Journal of Nursing Management*, 19(1), 50-56.
- Holmes, S. (2004). Implementing a perioperative nursing elective in a baccalaureate curriculum. *AORN Journal*, 80(5), 902. doi:10.1016/S0001-2092(06)60512-7
- Husserl, E. (1962). *Ideas: General introduction to pure phenomenology*. New York, NY: Collier Books.
- Husserl, E. (1970). *The crisis of European sciences and transcendental*

phenomenology. Evanston, IL: Northwestern University Press.

Institute of Medicine. (2015a). *Assessing progress on the institute of medicine report the future of nursing*. Washington, DC: National Academies Press. Retrieved from http://www.jonascenr.org/docs/Assessing-Progress-on-the-Institute-of-Medicine-Report-The-Future-of-Nursing_Dec2015.pdf

Institute of Medicine. (2015b). *15 years after to err is human: The status of patient safety in the US and the UK*. Washington, DC: National Academies Press. Retrieved from http://www.ihi.org/communities/blogs/_layouts/15/ihi/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=180

International Federation of Perioperative Nurses. (2017). *Perioperative nurse competencies*. Retrieved from http://www.ifpn.org.uk/guidelines/EORNA_Competencies_for_perioperative_nurses.pdf

Jones, J. (2010). Developing critical thinking in the perioperative environment. *AORN Journal*, 91(2), 248. doi:10.1016/j.aorn.2009.09.025

Kaiser Family Foundation. (2016, September). Total number of professionally active nurses. Retrieved from <http://kff.org/other/state-indicator/total-registered-nurses/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Kakkori, A. (2009). Hermeneutics and phenomenology problems when applying hermeneutic phenomenological method in educational qualitative research. *Paideusis*, 18(2), 19-27.

- Kneedler, J. A., & Dodge, G. H. (1991). *Perioperative patient care* (2nd ed.). Boston, MA: Jones and Bartlett Publishers.
- Kolb, D. A. (1976). Management and the learning process. *California Management Journal*, 18(3), 21-31.
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood, NJ: Prentice Hall.
- Kvale, S. (1983). The qualitative research interview. A phenomenological and a hermeneutical mode of understanding. *Journal of Phenomenological Psychology*, 14, 171-196.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 1-29. Retrieved from http://www.ualberta.ca/~iiqm/backissues/2_3final/html/laverty.html
- Li, Y. Q., & Liu, C. H. (2016). How to establish a creative atmosphere in tourism and hospitality education in the context of China. *Journal of Hospitality, Leisure, Sport & Tourism Education*, 18, 9-20. doi:10.1016/j.jhlste.2015.11.001
- Liddle, C. (2014, August 22). The objective structured clinical examination. Retrieved from <https://www.nursingtimes.net/roles/nurse-educators/the-objective-structured-clinical-examination/5074066.article>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Lisko, S. A., & O'Dell, V. (2010). Integration of theory and practice: Experiential learning and nursing education. *Nursing Education Perspectives*, 31(2), 101-108.

- Lucero, J. L., Evers, J., Roark, J., & Parker, D. (2017). Using community-based research to improve BSW students' learning in community practice: Bringing the Macro into focus for traditional and distance learners. *Journal of Teaching in Social Work, 37*(3), 260-279.
- Lydon, C., & Burke, E. (2012). Students experiences of theatre allocations. *Journal of Perioperative Practice, 22*(2), 45-49.
- Malley, A., Kenner, C., Kim, T., & Blakeney, A. (2015). The role of the nurse and the preoperative assessment in patient transitions. *AORN Journal, 102*(2), 181-189.
doi:10.1016/j.aorn.2015.06.004
- Marta, M. R. (1987). Surgical rotations: A must for nursing education. *AORN Journal, 45*, 668-673.
- McClelland, J. (1995). Sending children to kindergarten: A phenomenological study of mothers' experiences. *Family Relations, 44*(2), 177-183.
- Meade, R. H. (1968). *An introduction to the history of general surgery*. Philadelphia, PA: W. B. Saunders Company.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London, England: Routledge & Kegan Paul.
- Medini, K. (2017). Teaching customer centric operations management evidence from an experiential learning-oriented mass customization class. *European Journal of Engineering Education, 1-14*.
- Meleis, A. I. (2012). *Theoretical nursing: Development and progress* (5th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Messina, B. A., Ianniciello, J., & Escallier, L. (2011). Opening the doors to the OR:

- Providing students with perioperative clinical experiences. *AORN Journal*, 94(2),180-188.
- Meyer, R., Van Schalkwyk, S. C., & Prakaschandra, R. (2016). The operating room as a clinical learning environment: An exploratory study. *Nurse Education in Practice*, 1860-1872. doi:10.1016/j.nepr.2016.03.005
- Mohamed, Z., Newton, J., & McKenna, L. (2014). Belongingness in the workplace: A study of Malaysian nurses' experiences. *International Nursing Review*, 61(1), 124-130. doi:10.1111/inr.12078
- Mollohan, J. K., & Morales, M. (2016). Strategies for successful perioperative orientation. *AORN Journal*, 104(2), 100-110. doi:10.1016/j.aorn.2016.06.002
- Mott, J. (2012). Implementation of an intraoperative clinical experience for senior level baccalaureate nursing students. *AORN Journal*, 95(4), 445-452.
- Munhall, P. L. (2013). *Nursing research: A qualitative perspective* (5th ed.). Sudbury, MA: Jones and Bartlett.
- Nash, J., Kamel, T.C., Sherer, J., & Nauer, K. (2018). Implementing a perioperative nursing student summer internship. *AORN*, 107(1), 83-90.
- National Council of State Boards. (2016). *Updates to the 2016 NCLEX-RN test plan*. Chicago, IL: Author. Retrieved from https://www.ncsbn.org/Updates_to_the_2016_NCLEX-RN_Test_Plan.pdf
- Neacsu, A. (2006). Exploring student nurses' experiences of learning and skill acquisition in perioperative care. *Journal of Advanced Perioperative Care*, 2(4), 167-175.
- Novick, G. (2008). Is there a bias against telephone interviews in qualitative research? *Research in Nursing and Health*, 31(4), 391–398. doi:10.1002/nur.20259

- Pai, H. (2016). An integrated model for the effects of self-reflection and clinical experiential learning on clinical nursing performance in nursing students: A longitudinal study. *Nurse Education Today*, 4(5), 156-162.
doi:10.1016/j.nedt.2016.07.011
- Pearson, M., Wyte-Lake, T., Bowman, C., Needleman, J., & Dobalian, A. (2015). Assessing the impact of academic-practice partnerships on nursing staff. *BMC Nursing*, 14(28), 2-9. doi:1186/s12912-015-0085-7
- Penprase, B., Monahan, J., Poly-Droulard, L., & Prechowski, S. (2016). Student immersion in perioperative nursing. *AORN Journal*, 103(2), 189-197.
<http://dx.doi.org/10.1016/j.aorn.2015.12.013>
- Polit, D. F., & Beck, C. T. (2013). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Polkinghorne, D. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential & phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–62). New York, NY: Plenum.
- Ricketts, D. L., & Gray, S. E. (2010). Improving associate degree nursing students' perioperative clinical observation experiences. *American Operating Room Nurses Journal*, 91(3), 333-389.
- Rebeschi, L., & Aronson, B. (2009). Assessment of nursing students learning outcomes and employment choice after the implementation of a senior capstone course. *International Journal of Nurse Education and Scholarship*, 6(1), 1-17.
- Richards, L., & Morse, J. (2013). *Readme first for a user's guide to qualitative methods*.

Thousand Oaks, CA: Sage Publishers.

Ricoeur, P. (1970). *Freud and philosophy. An essay on interpretation*. New Haven, CT:

Yale University Press.

Rothrock, J. (Ed). (2014). *Alexander's care of the surgical patient in surgery*. St. Louis,

MO: Mosby Elsevier.

Ruth-Sahd, L. A., & Wilson, G. (2013). Collaborative educational initiative: Developing

and implementing a perioperative nursing course for baccalaureate nursing

students. *Journal of Perianesthesia Nursing*, 28(2), 59-66.

doi:10.1016/j.jopan.2012.07.011

Sato, T., & Laughlin, D. D. (2017). Integrating Kolb's experiential learning theory into a

sport psychology classroom using a golf-putting activity. *Journal of Sport*

Psychology in Action. Retrieved from

<http://www.tandfonline.com/doi/abs/10.1080/21520704.2017.1325807>

Schinka, G. H., & Raia, L. (2013). Improving veteran care through a clinical/academic

partnership: An overview of the Tampa VA Nursing Academy. *Nurse Leader*,

11(5), 54-57.

Shoup, A. J. (1988). The nurse as circulator: Historical perspective, future possibilities.

AORN Journal, 47, 1231-1240.

Sigsby, L., & Yarandi, H. (2004). A knowledge comparison of nursing students in

perioperative versus other rotations. *AORN Journal*, 80(4), 699-707.

doi:10.1016/S0001-2092(06)61324-0

Silen-Lipponen, M., Tossavainen, K. Turunen, H., & Smith, A. (2004). Learning about

teamwork in operating room clinical placement. *British Journal of Nursing*, 13(5),

182-189.

- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Los Angeles, CA: Sage.
- Stone, T., Levett-Jones, T. M. Harris, M., & Sinclair, P. M. (2010). The genesis of “the neophytes”: A writing support group for clinical nurses. *Nurse Education Today*, *30*(7), 657-661.
- Sweet, L. (2002). Telephone interviewing: Is it compatible with interpretive phenomenological research? *Contemporary Nurse*, *12*, 58–63.
- Taber, K., Taber, R., Galante, L., & Sigsby, L. M. (2011). Engaging undergraduate nursing students in perioperative research. *AORN Journal*, *93*(2), 249-258. doi:10.1016/j.aorn.2010.05.029
- Talanquer, V. (2014). Using qualitative analysis software to facilitate qualitative data analysis. *Symposium Series*, *1166*, 83-95. doi:10.1021/bk-2014-1166.ch005
- Thomas, S. P., & Pollio, H. R. (2002). *Listening to patients: A phenomenological approach to nursing research and practice*. New York, NY: Springer Publishing Company.
- Turrini, R., Costa, A., Peniche, A., Bianchi, E., & Cianciarullo, T. (2012). Education in operating room nursing: Transformation of the discipline at University of São Paulo School of Nursing. *University of São Paulo Nursing School Journal*, *46*(5), 1267-1272.
- Trice, T. B., Brandvold, C., & Bruno, E. (2007). Practice and education: Partnering to address the perioperative nursing shortage. *AORN Journal*, *86*, 259–264.

- Value. (n.d.) In *Oxford dictionaries*. Retrieved from
<https://en.oxforddictionaries.com/definition/value>
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany NY: The State University of New York.
- Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). London, Canada: Althouse Press.
- Venkateswarlu. P. (2017). Establishing a centre for engineering experimentation and design simulation: A step towards restructuring engineering education in India. *European Journal of Engineering Education*, 42(4), 349-367.
- Watson, J. (1988). New dimensions of human caring theory. *Nursing Science Quarterly*, 1(4), 174-181.
- World Health Organization. (2017, May). *Patient safety: Making health care better*. Geneva, Switzerland: Author Retrieved from
<http://apps.who.int/iris/bitstream/10665/255507/1/WHO-HIS-SDS-2017.11-eng.pdf?ua=1>

Appendix A

Institutional Review Boards' Documents

NSU IRB EXEMPTED
IRB#: 2018-304-Non-NSU

General Informed Consent Form
NSU Consent to be in a Research Study Entitled

The Lived Experience of Post-Licensure Nurses in a Perioperative Clinical Rotation

Who is doing this research study?

College: Ron and Kathy Assaf College of Nursing

Principal Investigator: Amy Stahley MSN Nursing Education

Faculty Advisor/Dissertation Chair: Marcella Rutherford PhD, MBA, MSN

Co-Investigator(s): N/A

Site Information: If the sample size is small or saturation has not been met, the secondary site includes.

Funding: Unfunded

What is this study about?

This is a research study, designed to test and create new ideas that other people can use. The purpose of this research study is to understand and interpret the meaning of post-licensure nurses who participated in a perioperative clinical rotation within their baccalaureate nursing program. The intent of the study is to determine if nurses found value in the knowledge and real world experience (experiential learning) received within their surgical rotation, and will this experience help to meet the impending workforce demands of the specialty.

Why are you asking me to be in this research study?

You are being asked to be in this research study because you have completed a perioperative clinical rotation within your baccalaureate nursing program, and you are a post-licensure nurse.

I am seeking about 12 participants for this study.

What will I be doing if I agree to be in this research study?

Research Study Procedures - as a participant, this is what you will be doing: While you are taking part in this research study, you will be asked to participate in one interview with the Principal Investigator lasting approximately one hour. You will be asked questions about your experiences and perceptions in your perioperative clinical rotation when you were an undergraduate nursing student.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life. There is a minimal risk of discomfort when discussing values. This study poses minimal confidentiality or privacy risks. With a very small expected sample size (12 or less) it is possible that participants could be identified based on their responses. Risks will be minimized by using fictitious names in the data, analysis, journals, and any other reports. Loss of time is another potential risk that will be minimized by informing you in advance the length of the interview and by respecting your time and schedule. Please contact me, Amy Stahley (listed below) with any questions or concerns about the research. If you are not satisfied with the response, have more questions, have a research related injury or would like to speak to someone about your rights as a research participants, you may contact the IRB at the number listed below. You may find some questions we ask you to be upsetting or stressful. If so, we can refer you to someone who may be able to help you with these feelings. You have the right to leave this research study at any time or refuse to be in it. If you decide to leave or you do not want to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study before it is over, any information about you that was collected **before** the date you leave the study will be kept in the research records for 84 months from the end of the study and may be used as a part of the research.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. I hope the information learned from this study will benefit society to help meet the impending need for perioperative nurses within the workforce.

Will I be paid or be given compensation for being in the study?

After the interview, you will be given a \$40 gift card to Starbucks's in appreciation of your time and offering of your thoughts.

Will it cost me anything?

There are no costs to you for being in this research study.

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. The recording will be transcribed by an experience transcriptionist who has signed a confidentiality agreement. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any regulatory and granting agencies (if applicable). If we publish the results of the study in a scientific journal or book, we will not identify you. All confidential data will be kept securely in a password protected computer. All data will be kept for 84 months and destroyed after that time by deleting the files.

Will there be any Audio or Video Recording?

This research study involves digital audio recording of interviews. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any of the people who gave the researcher money to do the study (if applicable).

The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to the recording.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact:

Amy Stahley MSN, RN can be reached at

If primary is not available, contact:

Dr. Marcella Rutherford can be reached at 954-262-1963

Research Participants Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board

Nova Southeastern University

(954) 262-5369 / Toll Free: 1-866-499-0790

IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-researchparticipants for further information regarding your rights as a research participant.

Research Consent & Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SITE APPROVAL LETTER

Nova Southeastern University
3301 College Avenue
Fort Lauderdale, FL 33314-7796

Subject: Site Approval Letter

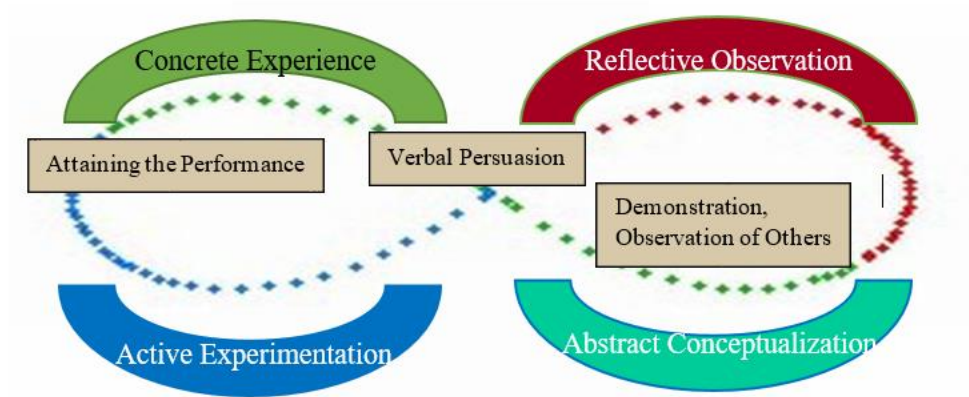
To whom it may concern:

This letter acknowledges that I have received and reviewed a request by *Amy Stahley* to conduct a research project entitled “*The Lived Experience of Post-Licensure Nurses in a Perioperative Clinical Rotation*” at and I approve of this research to be conducted at our facility.

When the researcher receives approval for his/her research project from the Nova Southeastern University’s Institutional Review Board/NSU IRB, I agree to provide access for the approved research project. If we have any concerns or need additional information, we will contact the Nova Southeastern University’s IRB at (954) 262-5369 or irb@nova.edu.

Sincerely,

Appendix B

Stahley Integration of Kolb's Theory of Experiential Learning Theory
and Bandura's Theory of Self-Efficacy Model

Adapted from Kolb's Theory of Experiential Learning Theory
and Bandura's Theory of Self-Efficacy Model (Bandura, 1977; Kolb, 1984).

Appendix C

Recruitment Flier

Nova Southeastern University
Volunteers Needed for
Research Study

**I am looking for participants for a research study entitled:
“The Lived Experience of Post-Licensure Nurses in a Perioperative Clinical
Rotation”**

Description of Project: For my doctoral studies at Nova Southeastern University, I am researching post-licensure nurses’ perceptions of their undergraduate perioperative clinical rotation. The study will consist of a one time, face-to-face or telephone interview. The interview is expected to take approximately one hour. Location of the interview will be agreed upon by the participant and the Principal Investigator.

To Participate: You must be a licensed nurse who participated in the perioperative clinical rotation at in their junior nursing course.

Participants in this study will receive a \$40 gift card from Starbucks. Information that could be used to identify you will be kept confidential.

To Learn More: Contact the Principal Investigator of the study, Amy Stahley, at or astahley

This research is conducted under the direction of Dr. Marcella Rutherford, Nova Southeastern University Dean of Ron and Kathy Assaf College of Nursing, and has been reviewed and approved by the NSU and Institutional Review Board

Appendix D

Demographic Data Sheet

Demographic Data

Instructions: Please complete the information relating to your experience in the perioperative clinical rotation. Click and the box that corresponds to your answer. Please fill out this form and send it back to astahley prior to your interview.

1. Please identify your gender: _____ Female _____ Male
2. Please select the range that includes your age from the list below:
_____ 20-30

_____ 31-40

_____ 41-50

_____ Over 50
3. Are you a licensed nurse who completed a surgical rotation in your BSN program?

_____ Yes

_____ No
4. Which year did you complete your perioperative rotation?

_____ 2011

_____ 2012

_____ 2013

_____ 2014

_____ 2015

_____ 2016

_____ 2017
5. Please choose your ethnicity form the list below. Select only one.

_____ African-American

_____ Asian

_____ Caribbean

_____ European

_____ Latin, Central & South American

_____ Middle Eastern

_____ Native American

_____ Pacific Islander

_____ White Non-Hispanic

_____ Other

6. Do you currently work in a perioperative role? If so please identify which area.

_____ Pre-operative

_____ Intraoperative

_____ Post-Anesthesia Recovery Unit (PACU)

_____ Other

7. If you do not work within perioperative services, what position do you currently hold in nursing?

Appendix F

Participants Themes and Sub-themes

Participant Responses	Participant's Number	Sub-themes	Themes
Knowledge prior to OR. Unaware of the importance of being aware	1	Knowledge /Skill Set	Value
Felt foreign and unprepared. Could appreciate role with more experience.	1		
Learned importance of vulnerable patient.	11		
Opportunity to conceptualize the role	8		
Wasting nursing skills	9		
Not getting down to the nitty gritty of Taking care of patients.	9		
Nurses are control freaks about their sterile field. I couldn't use any of my assessment skills or interventions as a nurse	12		
Not conducive to understanding the whole patient	4		
The [operating] room is yours. You need to be spot on with your critical thinking in assessment and medications	10		

Participant Responses	Participant's Number	Sub-themes	Themes
Initial perception of just handing instruments in the OR	1	Different Type of Nursing	Value
Opened eyes to details and complexities nurses are the major participant in the room not the doctor	2		
Doctors do not make it all happen. experiences help familiar to OR	11		
Experience with concepts helped <u>prior</u> to clinical rotation. Chose the OR	3		
Experience gave confidence to carry OR skills to other patient care area, aseptic technique, communication, detailed oriented, anticipate	13 (All)		
Entire experience was too overwhelming	12		
Valued preceptor knowledge. Carried out in current practice	12 (All)		
Needed more knowledge to be comfortable with the patients	9		
Learning more [in nursing school on] how to care for the perioperative while they're in surgery might have made a positive difference in my experience	4		

Participant Responses	Participant's Number	Sub-themes	Themes
Knew minimal information about the OR	All	Communication/ Medical Team	Attitude
Nurses willing to explain in the OR. Student engagement to learn role	6		
Variety of cultures in the OR. Learn to be a part of the team through trust	7		
Able to experience the role through clinical rotation	7		
Learned to communicate with the surgeons' and staff, their team, to deliver safe care in the OR	2		
Experience gave me confidence to confidently work in my OR setting	3		
Did not belong to the surgical team	4, 9, 12, 13		
Lack of connection with the nurses and surgeons, nerve wracking because you are being watched all of the time not only by your peers and teachers but all of the other professionals, too.	12		
I couldn't get past the smells, the sounds, and needing to anticipate everyone's move	9		
Shutting down, was translated [to the nurse] as, he doesn't want to do anything or learn anything	4		
They were all talking with each other and they got along well, but it was different for me. No one was getting along with me or speaking [to] me	12		

Participant Responses	Participant's Number	Sub-themes	Themes
OR nurses have all of this autonomy to make certain the room is run appropriately	1	Advocacy/Patient/ Family	Attitude
Short amount of time I able to assess, explain, and educate them to make them feel confident about being in care	2		
Knowing when to speak up for the patient when they are anesthetized is important. I am their connection with the team	3		
Importance of family and patient advocacy through open communication	5		
Patient knows that they are in good hands and that they are safe; somebody is there	11		
Experiencing this connection throughout the clinical rotation is definitely one of the things that kept me in perioperative nursing.	7		
I felt very restrictive in the clinical rotation. I was restricted with what I could say [to the patient] the skills	13		
No patient interaction	4		
I don't know how I could fully prepare someone [for surgery] without scaring them	9		