

## RESEARCH ARTICLE

### Preparedness of level III nursing students towards first exposure to operating room at selected hospitals in Jolo

Letecia A. Abu<sup>1\*</sup>, Sherna B. Baybayan<sup>1</sup>, Masnona S. Asiri<sup>1</sup>

<sup>1</sup>Graduate Studies, Sulu State College, Jolo, Sulu.

\*Corresponding author: [sscgspub@sulustatecollege.edu.ph](mailto:sscgspub@sulustatecollege.edu.ph)

**ABSTRACT.** The study examined the preparedness level of level III nursing students for their first exposure to the operating room during the Academic Year 2023-2024. A sample of 100 students was selected through purposive sampling, with various statistical analyses employed, including standard deviation, t-test for independent samples, One-way ANOVA, and Pearson's r. The key findings revealed a moderate level of preparedness among level III nursing students for their initial exposure to the operating room in selected hospitals in Jolo. Interestingly, gender, age, parent's educational attainment, and parent's average monthly income did not significantly influence how students assessed the preparedness level of level III nursing students. Additionally, students who perceived the preparedness level in terms of Maintaining Sterility as moderately prepared were likely to rate other aspects similarly. The study also supports Benner's Novice to Expert Model, emphasizing the importance of gaining nursing knowledge over time through various experiences and a solid educational foundation.

**KEYWORDS:** *Nursing Education, Preparedness, Operating Room, Hospitals*

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#### Introduction

The operating room offers a setting where critical abilities related to the preoperative care of the patient can grow. Even though lots of research was conducted in this field, not many have examined the operating room as a clinical learning environment in the context of private healthcare in South Africa.

Nursing education's primary goal was to prepare students to practice in a variety of healthcare settings (Iwasiw and Goldenberg, 2015). The ultimate goal was to generate practitioners with the necessary knowledge, abilities, and attitudes to nurse effectively (SANC, 2005). To achieve this goal, clinical placement was an essential component of nursing education (Henderson et al., 2009; Jonsén et al., 2013). A clinical placement also helps students acquire clinical competence by allowing them to study a variety of skills in a real-world situation that is relevant to the field of placement (Levette-Jones & Lathlean, 2007).

The purpose of this study is to assess level III nursing students' readiness for their initial exposure to operating rooms at selected Jolo hospitals. It seeks to address a variety of challenges and issues, including constraints on surgical room access, infection prevention and sterility, theory

and practice integration, psychological preparedness, successful interaction, and adherence to ethics and professionalism.

Restrictions on surgical room access due to high demand, limited resources, and scheduling problems, educational institutions may struggle to provide enough access to operating rooms. Infection prevention and sterilization in the operation room, keeping sterility was critical. Students may find it challenging to observe strict infection control requirements, as well as to navigate an operating room without risking sterility.

Moreover, integrating theory and practice is critical to bridge the gap between theoretical knowledge and actual application. Students may find it difficult to adapt what they have learned in the classroom to real-world surgical scenarios, accordingly effective teaching tactics are required to assist them in making the shift, thus psychological readiness might be emotionally draining for pupils to witness surgical procedures. They may experience tension, worry, or even fainting, which means they must develop emotional readiness and coping techniques.

Students encounter a variety of hurdles, including restrictions on surgical room access, infection prevention, and cleanliness, and the requirement for effective instructional methodologies. Students must also be emotionally prepared and have coping skills in place to deal with the emotional stress of seeing surgical procedures. Successful interactions with healthcare workers are critical for patient safety and effective teamwork.

Different experiences in surgical specializations and techniques can sometimes be difficult, particularly in programs with limited funds or access to a wide range of surgical patients. To enhance students' professional growth, a complete plan that includes practical experience, simulation-based training, mentorship, and a nurturing learning environment is required. Continuous assessment and improvement of educational methods can also assist students in better preparing for operating room exposure.

### **Research Questions**

The research aimed to assess the readiness of level III nursing students for their first encounter with the operating room at selected hospitals in Jolo during the Academic Year 2023-2024. It addressed the following inquiries:

1. What is the extent of readiness among level III nursing students concerning:
  - 1.1. Maintaining sterility;
  - 1.2. Utilizing equipment;
  - 1.3. Preparing the operating room;
  - 1.4. Handling swabs and instruments; and
  - 1.5. Documenting procedures?
2. Are there notable differences in preparedness levels among level III nursing students based on socio-demographic factors such as:
  - 2.1. Age;
  - 2.2. Gender;
  - 2.3. Parents' educational background; and
  - 2.4. Parents' average monthly income?
3. Is there a significant correlation among the various aspects of readiness among level III nursing students for their initial exposure to the operating room, including:
  - 3.1. Maintaining sterility;
  - 3.2. Equipment usage;
  - 3.3. Operating room preparation;
  - 3.4. Swab and instrument handling; and

### 3.5. Documentation?

#### **Literature**

Nursing students face numerous challenges, including their first exposure to the operating room (OR) (Mohebbi-Noubandegani et al., 2022), which is a dynamic and high-pressure environment. This experience can be overwhelming for novice nurses, leading to feelings of anxiety and apprehension (Khodaei et al., 2021). The importance of adequately preparing Level 3 nursing students for their first OR experience cannot be overstated, as it forms the cornerstone of their safety, confidence, and overall professional development. Zamboanga Peninsula Polytechnic State University (ZPPSU), one of the largest state colleges and universities in the Philippines' Western Mindanao region, adapted its curriculum to meet the demands of students throughout the conflict. The university developed many limits to deal with the pandemic without compromising teaching quality, as well as the adoption of several evaluation methodologies to effectively assess students' learning (J. Chavez & Lamorinas, 2023).

Preparedness in nursing education encompasses a comprehensive understanding of theoretical concepts, practical skills, and professional attitudes (Hindawi et al., 2019). Nursing students must be able to seamlessly translate their classroom knowledge into real-world clinical practice, demonstrating competence in performing essential OR procedures, managing complex patient care situations, and communicating effectively with a diverse range of healthcare professionals. (Jeffs et al., 2021).

Level III nursing students, having completed most of their didactic coursework, stand on the threshold of their first clinical rotations. While they possess a solid foundation in nursing theory and have begun to develop clinical skills, they may lack the firsthand experience required to fully grasp the demands and expectations of the OR environment. Operating room experience is not merely a requirement for nursing education but an invaluable opportunity for students to consolidate their theoretical knowledge, refine their clinical skills, and gain exposure to specialized surgical procedures.

However, the transition to the OR was not without its challenges. Several factors can influence the preparedness of Level III nursing students for their first OR experience, including individual characteristics, curriculum structure, clinical placement experiences, and the organizational culture of the OR.

The curriculum structure and teaching methodology employed in nursing education programs also have a profound impact on student preparedness for the OR. The inclusion of relevant OR-specific content, hands-on training opportunities, and simulation experiences was crucial for equipping students with the necessary knowledge and skills to navigate the OR with confidence. Clinical placement experiences, where students apply their theoretical knowledge and skills in real-world settings, are instrumental in preparing them for the OR.

Teaching and learning should be humane. The crisis has an impact on both health and learning. Similarly, humanized teaching may afford to coexist. academic integrity because it leads students to advocate credible learning since they have a well-assisted Instructional procedure. As these practices move forward, enable students and educators to collaborate in reaching the outcomes of learning with a humane consideration, and with integrity (Chavez, 2023)

A supportive learning environment is crucial for fostering preparedness. This study aims to look into how academic excellence persists in universities, as well as how humanized teaching is maintained in the face of a flexible learning environment (Chavez, 2023). Nursing educators and healthcare professionals foster a supportive environment for students, promoting preparedness

through constructive feedback, practice opportunities, and open communication. This holistic approach to education includes theoretical knowledge, practical skills, and professional attitudes.

### **Research Methodology**

This section outlines the methodologies employed for data collection and analysis pertinent to the study. It discusses the research design, study location, participants, sampling method, data collection techniques and tools, research instrument, validity and reliability measures, and statistical data analysis procedures.

#### *1. Population and Sampling Design*

Purposive sampling was chosen for this study as it enables the collection of data from individuals who share similar characteristics, backgrounds, or expertise relevant to the research objectives (Chavez & Duhaylungsod, 2023). Due to resource and time constraints, this study employed a purposive sampling method. This approach facilitated the inclusion of participants from diverse age groups, genders, and educational backgrounds, ensuring comprehensive representation in the study. The population consists of six schools, with a sampling design aimed at selecting 20 respondents from each school, resulting in a total of 100 respondents.

#### *2. Instruments*

For this study, the instrument utilized was adapted from Breedt, S. and Labuschage, M. (2019) "Preparedness of nursing students for operating room exposure: A South African perspective" published in the Africa Journal of Health Professions Education. However, to tailor it to the local context, the questionnaires underwent review by at least two experts from the faculty members of the Graduate Studies at Sulu State College. The analysis incorporated rating scale intervals based on a 5-point scale to evaluate the preparedness level of level III nursing students for their initial exposure to the operating room.

#### *3. Data Gathering Procedure*

During the data collection process, the researcher obtained permission to administer the questionnaire from the Office of the Dean of Graduate Studies and the Dean of Nursing Schools in Sulu. The questionnaire was then personally launched, administered, and retrieved by the researcher.

#### *4. Data Analysis*

This study used a questionnaire adapted from Eric Heretape's (2019) study on 21st-century teaching skills among public elementary school teachers. The questionnaire underwent rigorous validation and review by two experts from the faculty at Sulu State College to ensure its relevance and reliability.

### **Results and discussion**

#### *1. What is the level of preparedness of level 3 nursing students towards first exposure to the operating room in terms of 1.1 Maintaining Sterility; 1.2 Equipment use; 1.3 OR Preparation; 1.4 Swab and Instrument control and 1.5 Documentation?*

Table 1.1 illustrates the preparedness level of level 3 nursing students for their initial exposure to the operating room regarding maintaining sterility. Within this aspect, the students' evaluation yielded a total weighted mean score of 3.9340, with a standard deviation of .54536, indicating a rating of Moderately Prepared. This finding suggests that the student respondents, as part of this study, perceive level 3 nursing students as moderately prepared in maintaining sterility within the operating room environment. Specifically, among the items assessed within this category, the following were rated as Moderately Prepared by the student respondents: "Open sterile packs," "Identify sterile and non-sterile areas," "Pouring solutions into the container," "Preparation of sterile trolley," and "Draping patient."

1.1 In the context of maintaining sterility Table 1.1: Level of preparedness of level 3 nursing students towards first exposure to operating room in terms of Maintaining Sterility

	Statements	Mean	S.D.	Rating
1	Open sterile packs	4.16	.734	Moderately Prepared
2	Identify sterile and non-sterile areas	4.00	.738	Moderately Prepared
3	Pouring solutions into the container	3.88	.640	Moderately Prepared
4	Preparation of sterile trolley	3.74	.786	Moderately Prepared
5	Draping patient	3.89	.839	Moderately Prepared
Total Weighted Mean		3.93	.5453	Moderately Prepared

Legend: 4.50-5.00 = Highly prepared (5), 3.50-4.49 = Moderately prepared (4), 2.50-3.49 = Prepared (3), 1.50-2.49 = Least prepared (2), 1.00-1.49 = Not prepared (1)

1.2 In the context of equipment use

Table 1.2 depicts the preparedness level of level III nursing students for their initial exposure to the operating room concerning Equipment Use. Within this dimension, the students' assessment yielded a total weighted mean score of 3.8200, with a standard deviation of .73718, resulting in a rating of Moderately Prepared. This finding suggests that the student respondents, as participants in this study, perceive level 3 nursing students as moderately prepared in utilizing surgical instruments, supplies, and devices within the operating room environment. Specifically, among the items evaluated within this category, the following were rated as Moderately Prepared by the student respondents: "Use of suction unit," "Turning on OR lights," "Use and application of diathermy plate," "Understanding how a tourniquet works," and "Familiarity with OR bed functions."

Table 1.2: Level of preparedness of level III nursing students towards first exposure to operating room in terms of equipment use

	Statements	Mean	S.D.	Rating
1	Use of suction unit	3.75	.988	Moderately Prepared
2	Turning OR lights	4.25	1.03	Moderately Prepared
3	Use and application of diathermy plate	3.30	1.05	Prepared
4	How tourniquet works	3.60	.921	Highly Prepared
5	Know OR bed functions	4.20	.898	Moderately Prepared
Total Weighted Mean		3.82	.7371	Moderately Prepared

Legend: 4.50-5.00 = Highly prepared (5), 3.50-4.49 = Moderately prepared (4), 2.50-3.49 = Prepared (3), 1.50-2.49 = Least prepared (2), 1.00-1.49 = Not prepared (1)

1.3 In the context of OR preparation

Table 1.3 presents the preparedness level of level 3 nursing students for their initial exposure to the operating room in terms of OR Preparation. Within this aspect, the students' evaluation yielded a total weighted mean score of 3.8980, with a standard deviation of .69776, resulting in a rating of Moderately Prepared. This finding suggests that the student respondents, as participants in this study, perceive level 3 nursing students as moderately prepared in preparing the operating room theater to minimize the risk of intra and post-operative infection. Specifically, among the items assessed within this category, the following were rated as Moderately Prepared by the student respondents: "Preparing the OR for each patient," "Preparation of OR bed after each patient," "Collection of refrigerated drugs and preparation of IV infusions," "Ensuring privacy in the OR," and "Assisting with anesthesia."

Table 1.3 Level of preparedness of level III nursing students towards first exposure to operating room in terms of OR Preparation

	Statements	Mean	S.D.	Rating
1	Preparing the OR each patient	4.07	.912	Moderately Prepared
2	Preparing OR bed after each patient	3.97	.958	Moderately Prepared
3	Collection of the refrigerated drugs and preparing IV infusions	3.44	1.03	Moderately Prepared
4	Privacy in the OR	4.28	.779	Highly Prepared
5	Assisting with anesthesia	3.73	1.05	Moderately Prepared
	Total Weighted Mean	3.89	.6977	Moderately Prepared

Legend: 4.50-5.00 = Highly prepared (5), 3.50-4.49 = Moderately prepared (4), 2.50-3.49 = Prepared (3), 1.50-2.49 = Least prepared (2), 1.00-1.49 = Not prepared (1)

#### 1.4 In the context of swab and instrument control

Table 1.4 illustrates the preparedness level of level 3 nursing students for their initial exposure to the operating room regarding Swab and Instrument Control. Within this dimension, the students' assessment yielded a total weighted mean score of 4.1420, with a standard deviation of .56661, resulting in a rating of Moderately Prepared. This finding suggests that the student respondents, as participants in this study, perceive level 3 nursing students as moderately prepared in managing swabs, needles, and instruments within the operating theater. Specifically, among the items evaluated within this category, the following were rated as Moderately Prepared by the student respondents: "Counting of swabs and instruments," "Identification of instruments," "Cleaning of instruments," "Preparing the patient," and "Maintaining sterility."

Table 1.4 Level of preparedness of level 3 nursing students towards first exposure to operating room in terms of swab and instrument control

	Statements	Mean	S.D.	Rating
1	Counting of swab and instrument	4.19	.939	Moderately Prepared

2	Naming of instrument	3.92	.824	Moderately Prepared
3	Washing of instrument	4.43	.781	Moderately Prepared
4	Prepping the patient	4.08	.761	Highly Prepared
5	Maintaining sterility	4.09	.683	Moderately Prepared
Total Weighted Mean		4.14	.5666	Moderately Prepared

Legend: 4.50-5.00 = Highly prepared (5), 3.50-4.49 = Moderately prepared (4), 2.50-3.49 = Prepared (3), 1.50-2.49 = Least prepared (2), 1.00-1.49 = Not prepared (1)

### 1.5 In the context of Documentation

Table 1.5 illustrates the level of preparedness of level 3 nursing students for their initial exposure to the operating room regarding Documentation. Within this category, the students' assessment yielded a total weighted mean score of 3.9660, with a standard deviation of .56429, resulting in a rating of Moderately Prepared. This finding suggests that the student respondents, as participants in this study, perceive level 3 nursing students as moderately prepared in utilizing both electronic and written documentation methods to ensure the provision of adequate information for safe and effective intra and post-operative services. Specifically, among the items evaluated within this category, the following were rated as Moderately Prepared by the student respondents: "Completing intraoperative documentation," "Receiving a patient in the OR," "Obtaining consent," "Recording and monitoring vital signs," and "Making referrals."

Table 1.5 Level of preparedness of level III nursing students towards first exposure to operating room in terms of Documentation

	Statements	Mean	S.D.	Rating
1	Complete intraoperative documentation	3.89	.764	Moderately Prepared
2	Receiving a patient in the OR	4.04	.790	Moderately Prepared
3	Obtaining consent	4.17	.792	Moderately Prepared
4	Vital signs recording and monitoring	4.59	.637	Highly Prepared
5	Referrals	3.14	.853	Moderately Prepared
Total Weighted Mean		3.96	.5642	Moderately Prepared

Legend: 4.50-5.00 = Highly prepared (5), 3.50-4.49 = Moderately prepared (4), 2.50-3.49 = Prepared (3), 1.50-2.49 = Least prepared (2), 1.00-1.49 = Not prepared (1)

2. Is there a significant difference in the level of preparedness among level 3 nursing students when data are grouped according to socio-demographic profile in terms of 2.1 Gender; 2.2 Age; 2.3 Parents educational attainment and 2.4 Parents average monthly income?

*2.1 According to Gender*

Table 2.1 examines the differences in preparedness levels among level 3 nursing students based on gender. Except for "OR Preparation," the mean differences in other subcategories are not statistically significant at alpha .05, indicating that male and female students have similar perceptions of preparedness. This suggests that gender does not influence how students assess preparedness. Therefore, the hypothesis stating no significant difference between preparedness levels based on gender is accepted.

Table 2.1: Difference in the level of preparedness among level III nursing students when data are grouped according to socio-demographic profile on terms of gender

	<b>Statements</b>	<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	Open sterile packs	4.1600	.73471	Moderately Prepared
2	Identify sterile and non- sterile areas	4.0000	.73855	Moderately Prepared
3	Pouring solutions into the container	3.8800	.64008	Moderately Prepared
4	Preparation of sterile trolley	3.7400	.78650	Moderately Prepared
5	Draping patient	3.8900	.83961	Moderately Prepared
	<b>Total Weighted Mean</b>	<b>3.9340</b>	<b>.54536</b>	<b>Moderately Prepared</b>

\*Significant alpha .05

*2.2 According to Age*

Table 2.2 displays the variations in preparedness levels among level 3 nursing students based on age demographics. The mean differences in all subcategories of preparedness among these students are not statistically significant at alpha .05. This indicates that despite differences in age groups, students' perceptions of preparedness among level 3 nursing students remain consistent. Therefore, age does not significantly affect how students perceive preparedness levels. Thus, the hypothesis stating no significant difference in preparedness levels among level 3 nursing students based on age demographics is supported.

Table 2.2: Difference in the level of preparedness among level III nursing students when data are grouped according to socio-demographic profile in terms of age

	<b>Statements</b>	<b>Mean</b>	<b>S.D.</b>	<b>Rating</b>
1	Use of suction unit	3.7500	.98857	Moderately Prepared
2	Turning on OR lights	4.2500	1.0384	Moderately Prepared
3	Use and application of diathermy plate	3.3000	1.0588	Prepared
4	How tourniquet works	3.6000	.92113	Highly Prepared
5	Know OR bed functions	4.2000	.89893	Moderately Prepared
	<b>Total Weighted Mean</b>	<b>3.8200</b>	<b>.73718</b>	<b>Moderately Prepared</b>

\*Significant at alpha 0.05

*2.3 According to Parent's Educational Attainment*

Table 2.3 illustrates the disparities in preparedness levels among level 3 nursing students based on parental educational attainment. Apart from "Maintaining sterility," the F-values and P-values for all other subcategories of preparedness among these students are not statistically significant at alpha .05. This suggests that despite variations in their parents' educational backgrounds, students' perceptions of preparedness among level 3 nursing students remain consistent. Therefore, the educational attainment of parents does not significantly impact how

students assess preparedness levels. Thus, the hypothesis stating no significant difference in preparedness levels among level 3 nursing students based on parental educational attainment is supported.

Table 2.3: Difference in the level of preparedness among level III nursing students when data are grouped according to socio-demographic profile in terms of parent's educational attainment

		Sum of Squares	df	Mean Square	F	Sig.	Description
Maintaining sterility	Between Groups	3.968	4	.992	3.700*	.008	Significant
	Within Groups	25.476	95	.268			
	Total	29.444	99				
Equipment uses	Between Groups	2.990	4	.747	1.397	.241	Not Significant
	Within Groups	50.810	95	.535			
	Total	53.800	99				
OR preparation	Between Groups	3.006	4	.752	1.580	.186	Not Significant
	Within Groups	45.193	95	.476			
	Total	48.200	99				
Swab and Instrument control	Between Groups	1.529	4	.382	1.201	.316	Not Significant
	Within Groups	30.254	95	.318			
	Total	31.784	99				
Documentation	Between Groups	1.117	4	.279	.872	.484	Not Significant
	Within Groups	30.407	95	.320			
	Total	31.524	99				

\*Significant alpha .05

#### 2.4. In terms of Parent's average monthly income

Table 2.4 displays the differences in preparedness levels among level 3 nursing students categorized by parental average monthly income. The statistical analysis reveals that there are no significant differences in preparedness levels across all subcategories, despite varying parental income levels. This suggests that regardless of their parents' income, students' perceptions of preparedness among level 3 nursing students remain consistent. Therefore, parental income does not significantly impact how students assess preparedness levels.

Table 2.4 Difference in the level of preparedness among level III nursing students when data are grouped according to socio-demographic profile in terms of parent's average monthly income

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Maintaining sterility	Between Groups	2.042	4	.510	1.770	.141	Not Significant
	Within Groups	27.403	95	.288			
	Total	29.444	99				
Equipment uses	Between Groups	1.054	4	.263	.474	.754	Not Significant
	Within Groups	52.746	95	.555			
	Total	53.800	99				
OR preparation	Between Groups	.727	4	.182	.364	.834	Not Significant
	Within Groups	47.473	95	.500			
	Total	48.200	99				
Swab and Instrument control	Between Groups	.495	4	.124	.376	.825	Not Significant
	Within Groups	31.288	95	.329			
	Total	31.784	99				
Documentation	Between Groups	1.789	4	.447	1.429	.230	Not Significant
	Within Groups	29.736	95	.313			
	Total	31.524	99				

\*Significant alpha .05

3. *Is there a significant correlation among the sub-categories subsumed under the level of preparedness of level 3 nursing students towards first exposure to operating room in terms of Maintaining sterility, Equipment use, OR Preparation, Swab and Instrument control and Documentation?*

Table 3 depicts the correlations among the various aspects encompassed within the preparedness level of level 3 nursing students for their initial exposure to the operating room, including Maintaining Sterility, Equipment Use, OR Preparation, Swab and Instrument Control, and Documentation. The computed Pearson Correlation Coefficients (Pearson r) between these variables are found to be statistically significant at alpha .05. Specifically, the correlations among these aspects are as follows:

- 1) There is a moderate positive correlation between Maintaining Sterility and Equipment Use.
- 2) A moderate positive correlation exists between Maintaining Sterility and OR Preparation.
- 3) A high positive correlation is observed between Maintaining Sterility and Swab and Instrument Control.
- 4) There is a moderate positive correlation between Maintaining Sterility and Documentation.

These findings suggest that the group of student respondents who perceive the preparedness level of level 3 nursing students in terms of Maintaining Sterility as moderately prepared are likely to assess Equipment Use, OR Preparation, Swab and Instrument Control, and Documentation

similarly. Overall, the subcategories within the preparedness level of level 3 nursing students for their initial exposure to the operating room are moderately correlated. Therefore, the hypothesis stating no significant correlation among these subcategories is rejected.

Table 3: Correlation among the sub-categories subsumed under the level of preparedness of level III nursing students towards first exposure to operating room in terms of Maintaining sterility, Equipment use, OR Preparation, Swab and Instrument control and Documentation

Variables		Pearson <i>r</i>	Sig	N	Description
Dependent	Independent				
Maintaining Sterility	Equipment Use	.490**	.000	100	Moderate
	OR Preparation	.336**	.001	100	Moderate
	Swab and Instrument Control	.520**	.000	100	High
	Documentation	.331**	.001	100	Moderate

### Conclusion

This study found that the average preparedness level of level 3 nursing students for their first exposure to the operating room at selected hospitals in Jolo was found to be moderate. Interestingly, variables such as gender, age, parent’s educational attainment, and parent’s average monthly income did not significantly influence how student-respondents assessed the preparedness level of level 3 nursing students for their initial exposure to the operating room. Moreover, it was observed that the group of student-respondents who perceived the preparedness level in terms of Maintaining Sterility as moderately prepared were likely to assess other aspects, such as Equipment use, OR preparation, Swab and Instrument control, and Documentation, similarly. These findings seem to align with Benner’s Novice to Expert Model, which suggests that nurses develop their skills and knowledge over time through diverse experiences and a solid educational foundation, emphasizing the acquisition of nursing knowledge rather than just how to become a nurse.

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