

# Factors for Perioperative Nurse Retention - an Inquiry into the Lived Experience of Perioperative Nurses

Sharon Ann Mewett CN, BN, MACORN

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## Signed statement

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university and that, to the best of the candidate's knowledge and belief, the thesis contains no material previously published or written by another person, except here due reference is made in the text of the thesis.

The author consents to the thesis being made available for photocopying and loan if accepted for the award of the degree.

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## Abstract

*Background:* Current literature concludes that a global nursing shortage has a profound impact on the workplace, consumers of healthcare, on recruitment, professional development, job satisfaction and retention. In Australia, as in worldwide, the specialty of perioperative nursing has been identified as one of the key areas suffering these issues.

*Objective:* The purpose of this study was to investigate nurse recruitment, retention and job satisfaction within the specialty of perioperative nursing.

*Method:* A total of 8 registered nurses (RN's) currently practicing in the perioperative field, located at an outer metropolitan healthcare facility, participated in the study. The design that was used for the study was an interpretive hermeneutic phenomenological method that was informed by van Manen (1990). Instruments with auditable reliability and validity were used for data collection. The sample's characteristics reported in this thesis, were similar to the demographic characteristics described in recent Australian Institute of Health and Welfare reports and were of sufficient scale and scope to provide a reliable and thorough picture of the phenomena of recruitment, job satisfaction and retention among perioperative nurses.

*Results:* Through taped interviews and subsequent analysis to detect patterns and themes, the study findings demonstrated that South Australian perioperative nurses are experiencing moderate to high levels of dissatisfaction in the workplace. Furthermore, many of the participants' additional comments locate the major source of their dissatisfaction as organisational and professional issues. Findings also indicated an intention to remain working in nursing and in particular the perioperative specialty, only in regards to the proximity of work to home and general convenience.

*Conclusions:* The results of this study provide an interpretive description of, and some personal perspectives of SA perioperative nurses' current job satisfaction and their intention to leave the specialty. These findings have ramifications for management in the development of strategies aimed at improving the job satisfaction, and ultimately the retention of nurses within the specialty of perioperative nursing.



## Chapter 1 - Introduction

### Introductory paragraph

Perioperative nursing is a unique and specialised clinical practice area that is experiencing workforce issues in line with general nursing workforce shortages as evidenced by national and global statistics and predictions (Beanland 2013). With the overall nursing workforce shown to be aging in addition to dwindling, the need for improved recruitment and retention is paramount to the provision of quality health care. However, the solution is not merely concerned with numbers; the need, especially in those specialised clinical practice areas of nursing, is to recruit and retain not just skilled but motivated staff (Mbemba et al. 2013).

### Context of the study

Documented evidence of the essence of perioperative nursing as experienced by current perioperative nurses brings into focus those aspects of the lived experience that can result in improvements to clinical practice and other environmental factors that ultimately influence the recruitment, and retention of the future perioperative workforce.

## Purpose of the study

The purpose of this interpretative phenomenological study was to explore the lived experience of perioperative nurses with regard to recruitment and intent to resign or remain; to articulate these experiences and to make recommendations for practice or further research. This was achieved by conducting face to face interviews with eight perioperative registered nurses who work in the operating theatre suite of an outer metropolitan / semi-rural acute hospital, whose demographics are represented in Table 1.

Table 1. Participant demographics

Number of participants	8
Gender	All female
Years in Perioperative Nursing	> 10 years in Periop x 2
	> 5 years in Periop x 4
	< 5 years in Periop x 2

## Specific Aims and Objectives

1. To explore and describe the lived experience of perioperative nurses.
2. To identify stressors and strategies used by perioperative nurses to cope with issues related to recruitment and retention in the perioperative environment.
3. To identify the needs of perioperative nurses in order to inform strategies for improved recruitment and retention in the perioperative area.

## Statement of the research question

This study was raised in response to the main research question “What is the lived experience of perioperative nurses? – Factors for perioperative nurse retention.”

## Significance of the study

This study aimed to identify information that could be utilised to inform nursing practice and to guide strategies that more appropriately met the needs of perioperative recruits and aided in the retention of current perioperative staff. The study focused on identifying factors that were conducive to producing and preserving a skilled, knowledgeable and satisfied perioperative workforce.

Nursing literature that was conducted prior to the study was revealed as being focused on nursing in general. There was an obvious deficit of literature focusing specifically on the specialised area of perioperative nursing. This is indicative of a gap in the knowledge that could be well served by further research using interpretative hermeneutic phenomenology as a methodology that is eminently suited to nursing studies, and is a popular choice among the nursing community (McNamara 2005).

## Assumptions

It is essential that the researcher identify biases, assumptions and preconceptions related to the phenomenon of interest. From this identification the researcher is able to bracket these assumptions and enable the dialogue to expose the experience minus any preconceived notions (Ryan-Nicholls & Will 2009). The purpose of this is to reduce the risk of imposing existing assumptions on the study thereby influencing the outcome. It is important to

acknowledge that the researcher has assumptions and preconceptions originating from the researcher's own experiences in the field of perioperative nursing practice. Streubert and Carpenter (2007) assert that the process of bracketing is significant if the researcher is to present an accurate viewpoint of the phenomenon as experienced by the participants.

### Operational Definitions

*Retention:* For the purposes of this study retention has been defined as being current perioperative staff that have remained for a substantial period of time such as 12 months or longer, and show inclination to remain employed in the perioperative area regardless of actual employer.

*Resignation:* Resignation and the act of resigning has been defined as those perioperative staff who display signs of desire to move on to other avenues of nursing or other vocation, and have been employed in the perioperative area for less than 12 months.

*Ownership:* Ownership is the state, or fact, of being an owner. For the purpose of this study ownership has been defined as a person taking personal responsibility for their own destiny by maintaining an active interest and passion for education and perioperative nursing.

### Summary of the Thesis

The thesis presented a comprehensive report of the research inquiry in seven chapters. The introduction, literature review and methodology chapters frame the research providing the background and design. The research analysis and findings are presented in chapters 5 and 6 as an interpretative phenomenological account of the lived experiences of perioperative nurses working in an acute operating theatre suite. The final chapter provides an in-

depth discussion of the findings of the study and its significance to clinical practice. It describes the limitations of the study and presents recommendations for further investigation arising from this thesis. It offers strategies to improve perioperative recruitment and retention.

Chapter One: The introduction of the thesis provides a statement of the research problem, purpose aims and objectives of the study, significance of the research and underlying assumptions. The organisation of the study completes the chapter.

Chapter 2: Provides an analysis of the literature regarding the experience of perioperative nurses. The sources of literature searched were predominantly health care related in order to specifically highlight the area of perioperative recruitment and retention. To expand into areas of human resources in general would have made the search process large and potentially unmanageable. The review highlights gaps in previous research and demonstrates how the study relates to previous literature.

Chapter 3: Presents the chosen methodology for the research. A discussion is included that offers the philosophical underpinnings of phenomenology including comments on the work of van Manen (1990) upon whose approach, and methods of analysis, the research was based

Chapter 4: Restates the design for the study, and provides details on the participants and their recruitment, the study setting, ethical considerations, data collection techniques and data analysis techniques. The intended outcomes of the study will also be discussed.

Chapter 5: Presents in detail the steps that were applied to facilitate data analysis. The data was reported and analysed through presentation of text in

order to demonstrate the processes that were used to organise and make sense of the data.

Chapter 6: Presents the themes that form the lived experience of perioperative nurses. This chapter presents a clear decision trail that is supported by direct quotations from the participants.

Chapter 7: Discusses the implications of the data interpretation. It will be discussed and theories will be explored in an attempt to inform the perioperative nursing profession in regard to perioperative recruitment and retention.

Appendices: Contains the participant information sheet, the consent form, the complaints form, the Adelaide University Ethics approval, the Hospital approval, the participant questions and thematic analysis table.

### Summary of Chapter

This chapter introduces the research inquiry and utilisation of an interpretative phenomenological methodology providing a rich and deep understanding of the lived experience of the eight perioperative nurses presented in the study. It presents the research problem, the purpose of the study identifying specific aims and objectives and the significance of the study. The assumptions and preconceptions that underlie the study have been identified and listed. It has presented a content summary of all the chapters in the thesis. The next chapter discusses the available literature that relates to this area of research.

## Chapter Two Literature Review

### Introduction

This chapter summarises existing research literature about Perioperative recruitment and retention. Literature included in this review covers the significance of the issue itself, in addition to identifying strategies that have proven successful in addressing the deficit. The purpose of this literature review was to establish what research had already been conducted in order to determine the gaps in knowledge and other inconsistencies within the literature. In doing so it assisted with the development of arguments to justify the necessity of this phenomenological study and to establish the importance and timeliness of the findings in order to inform policy and practice.

The literature examined focused on current perioperative nursing recruitment and retention strategies worldwide, and the stressors in particular that are experienced by both new and experienced perioperative nurses, and how this may influence their rate of retention. Following a preliminary examination of the literature, other factors were identified that may also influence recruitment and retention rates such as staff satisfaction. The aim of the literature review was to clearly demonstrate how this thesis related to previous studies and to highlight that it could become a link in the chain of research developing knowledge with regard to perioperative nurse recruitment and retention.

## Search Strategy

An online search primarily focused on electronic databases that included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase, Scopus, PubMed, Best Evidence, the Cochrane Database of Systematic Reviews and MEDLINE. The searches conducted were limited to literature in the English language pertaining to perioperative nursing recruitment and retention issues only. Search terms included, but were not limited to, "perioperative nursing", "recruitment", "retention", "shortage", "workforce", "stress", "stressors", "longevity of service", "staff satisfaction", "nurturing", "empowerment" and "valued" in many configurations. As some of these terms tended to be 'country specific', the search strategy was then expanded to include further international terminology that is particularly pertinent to the United States and the United Kingdom, where the vast majority of nursing research in this area is conducted. Such terms as "OR", "operating room", "surgical", and other variations upon these were included.

In order to undertake a review of the most recent and relevant literature the search was restricted to a contemporary (less than ten years) publication timeframe. The reference lists and bibliographies of retrieved articles were hand searched in order to identify other relevant literature. The websites of known organisations active in the target field, being those of Perioperative specific organisations including the South Australian Perioperative Nurses Association (SAPNA) and the Australian Confederation of Operating Room Nurses (ACORN) were also accessed in order to identify current recommendations.

While peer reviewed literature comprises a significant proportion of the knowledge base, there is other relevant information published in other than peer-reviewed journals. Consequently, in addition grey literature such as



theses, non-research publications, and government documents were accessed. Huffine (2010) defines 'Grey literature' as

“a body of materials that cannot be found easily through conventional channels such as publishers”.

The method for identifying relevant grey literature included the use of standard Internet search engines including Google, Google Scholar and Scopus. All documents that were deemed relevant to the subject were recorded in a separate EndNote library.

#### Patterns and Commonalities

The literature review was conducted using a meta-synthesis or integrative approach using a non-statistical technique that evaluates and interprets the findings of multiple qualitative research studies by identifying common core elements and themes. It involved analysing and synthesising the key elements in order to transform individual findings into new conceptualisations and interpretations. Current nursing workforce trends indicate a shortage of nursing personnel generally, and are identified in the literature as a global phenomenon. This fact is only further exaggerated when the clinical nursing specialty areas are examined.

Preliminary searches of the current literature indicated that there had not been a substantial amount of research conducted specifically into the area of perioperative nurse recruitment and retention, despite there being a large quantity of material relating to overall nursing workforce recruitment and retention. This would indicate a necessity for research specifically into this nursing specialty and of particular relevance to practice in the perioperative area.

The operating theatre is an area of critical practice that has been known traditionally for its own unique culture (Furness 2011). Not all nurses possess the stamina or have demonstrated an inclination to remain a part of this somewhat exclusive and isolated team (Silén-Lipponen et al. 2004). The culture that relates to the perioperative environment is associated with power gained from specialised knowledge and skills. Theatre nurse educators have traditionally had a reputation for being reluctant to include novices in knowledge sharing (McGarvey, Chambers & Boore 2004). However, with the trend of an ageing theatre nurse population, healthcare management has come to the realisation that this archaic culture must change if staff are to be recruited and retained (Gillespie, Wallis & Chaboyer 2008).

There are many factors that define the calibre of staff that do remain in the operating theatre despite the culture. Of those that do remain many even thrive on the high stress environment of the operating theatre. They share similar character traits and a meaningful understanding of their extremely unique environment. There is a relationship between a certain level of knowledge and competence and successful integration into the theatre environment, in conjunction with good coping mechanisms and the necessary team collaboration skills (Callaghan 2011). All perioperative nursing staff are required to function as part of that highly skilled team in order to effectively perform the task before them (Gillespie et al. 2007).

Globally nurse shortages have been acknowledged in all areas of nursing practice. Healthcare facilities have recognised that they have a need to focus on the recruitment and retention of staff (Australian Government 2010). Research is able to provide some answers regarding strategies that can be implemented in order to succeed in this venture. By gathering data from existing staff, researchers can establish what are the best approaches to take in order to facilitate better overall staff satisfaction and thereby promote longevity of service. Necessity deems that healthcare management needs to build an

environment that nurtures its nurses and empowers them to feel valued (Wieck, Dols & Landrum 2010). It is imperative that succession planning is considered now, before a fundamental shortage of experienced and competent newcomers in the perioperative environment becomes critical. We as nursing professionals cannot ignore the current indications, and sanction our continually ageing population of theatre nurses reaching retirement. It is necessary to initiate tactics that surmount the hurdle of perioperative recruitment and retention. To disregard the importance would be disastrous for healthcare globally.

The specialty of Perioperative Nursing has long been perceived as an area of great mystery to much of nursing's general populace; and of those that have been given the opportunity to experience the inner sanctum of the theatre environment, a very small percentage have remained to become one of the rare breed of perioperative nurses (Fraser 2011). It is a specialty that nurses either love, or hate with a passion, with no intermediate consideration apparent. In addition to the specialised nature of the nursing practice that is required in the perioperative area, there exists a definitive culture that is not as obvious anywhere else in the nursing profession. In relation to this culture that has evolved over a long period of time, area specific behaviours and conventions have developed (Lindwall & von Post 2008). It is possibly as a result of that unique perioperative culture within an already ageing and diminishing nursing workforce (Graham & Duffield 2010) that we are unable to produce sufficient perioperative nurses from within our own nursing resources. Thus the issue of succession planning must be addressed. Davies (2005) supports this viewpoint by agreeing that the maintenance of a perioperative workforce is supreme.

It is well documented, and has been highlighted both overseas initially, but gradually also here in Australia, that when sufficient numbers of skilled nurses are not readily available we see the emergence of surgical technicians and other

non-nurses in our operating theatres (Cooper & Bowers 2006). The use of these personnel who are often at a base skill level and non-regulated, leads to demise in patient safety and surgical outcomes (Timmons & Tanner 2004). As a profession, we as nurses regard that our priority is to ensure best practice using an evidence base in order to reduce risk to surgical clients and promote optimal patient outcomes. A way of achieving this is by ensuring that we maintain a high nursing skill level in our specialty, and that we attract and keep that skill level in order to uphold our duty of care (Pirie 2012). The desired progression from here is to examine how the nursing profession can improve the success rate of recruitment and retention of nursing staff in the perioperative area.

### Recurring Themes

There are a number of recurring themes that emerge from the literature, including the aforementioned overall shortage of nurses, the unique operating theatre culture and the ever-increasing need for succession planning (Carriere et al. 2009). Other topics that become apparent on examination of the literature include the highly specialised nature of operating theatre work and the technological advances that are constantly involved in this area of practice (Trice, Brandvold & Bruno 2007). Surgical techniques constantly evolve with the medical fraternity developing new procedures that provide better surgical treatment options that are less invasive and are associated with improved patient outcomes. This often involves revolutionary equipment and technology that requires theatre staff to constantly adapt their practice and skills to suit (Wilson 2012). The extensive amount of technologically advanced equipment that has been introduced into the perioperative environment present particular challenges for novice perioperative nurses who are faced with a foreign and often confronting environment (Stratton 2011).

Another theme emerging from the literature suggests that recruitment and retention to perioperative areas is also influenced by workplace pressure.

Pressure may be caused by both organisational and staffing factors. With increasingly tight budget restrictions, and being one of the most cost intensive areas of the health care facility, the operating theatre is facing increasing pressure to continue performing to a high standard with fewer resources, including that of nursing staff numbers (Saver 2011).

In addition to the previously identified fiscal or financial pressure, perioperative nurses face other challenges on a daily basis. These challenges can impact on the perioperative nurse's stress levels as they strive to maintain a focus on patient-centred care. Conflict, both personal and professional, in the workplace can often be a major stressor for the perioperative nurse (DeKastle 2010). Power, and the perceived lack of it, has also been identified as a contributing factor in conflict instigation and whether or not it is resolved successfully. The perioperative environment is renowned for an abundance of dominant personalities, and power and conflict are often inherent to the department (Ralph et al. 2013).

Work-life balance that is constantly interrupted by shift work and on-call commitments also impacts substantially on the stress levels of perioperative nurses. Cummins (2009) provides endorsement of the influence that disruption to work-life balance has upon the stress levels of perioperative nurses. Such disruption can ultimately be the deciding factor in whether staff are retained and satisfied in the perioperative environment, or whether they decide to resign and move away from theatre.

Isolation of the theatre suite from other departments of the hospital increases the workplace pressure upon perioperative nurses. It is necessary to define restricted, semi-restricted and non-restricted areas within the theatre suite to comply with the overarching infection control principles that are enforced in order to protect the vulnerable patient from the introduction of microorganisms (ACORN 2010). Gilmore (2005) highlights the isolation of the

perioperative area during a study on verbal abuse in the operating theatre. The 'closed door' presentation of the area lends itself to horizontal violence and abusive workplace behaviour that may be difficult to identify, and even harder to address. This unacceptable behaviour can be difficult to endure on an individual's part, and increases the stress that is felt by that person.

On a more positive note the literature supports new education strategies that fit better with the modern technological world in an effort to better equip perioperative nurses with more knowledge and skills (Dumchin 2010). Additionally, marketing strategies of perioperative nursing to the emerging generation of novices in order to attract them to the perioperative workforce and subsequently retain them must change (Thompson 2007). Different values of the upcoming generation means that different incentives must be offered to ensure their participation, and changes to leadership and mentoring styles to better support the younger generation (Nelsey & Brownie 2012).

## Methodologies

A number of different methodologies were presented in the literature that was selected to examine perioperative recruitment and retention. These included case studies; descriptive comparative studies using surveys, cross-sectional survey design, qualitative descriptive approach using thematic semi-structured interviews, and Heidegger's hermeneutic phenomenology using in-depth interviews.

## Summary

This chapter presented a discussion of identified research to date, which highlights an identified gap in the literature pertaining to resolution of the issues specifically relating to perioperative recruitment and retention. Barriers to successful recruitment and retention that were identified by the literature included operating theatre culture and exclusivity, workplace pressure and other stressors, an aging workforce and the isolation of the theatre department from the rest of the healthcare facility. The noted outcomes of these identified barriers included early resignation, feelings of not being supported or valued, resulting in a lack of competence and knowledge, and increased levels of stress leading to further nursing shortages. Conversely, factors that contributed to successful recruitment and retention included empowerment, an increased level of knowledge and skills through better education strategies, and a feeling of being valued as part of a team. The provision of reward for organisational loyalty and a significant improvement in supervisor support may be a viable option to consider as a strategy to encourage staff retention and satisfaction. The outcomes noted from this success were longevity of service, and a higher level of job satisfaction leading to a sustainable satisfied perioperative workforce in an organisation that could be seen as having 'Magnet™' status.

Further research is required to achieve further understanding of the issues that impact on perioperative recruitment and retention in order to formulate strategies to overcome them. There is an identified lack of research that is directly related to the lived experiences particularly of perioperative nurses, emphasised by a scarcity of data that exists to explain those experiences. It is important to hear the nurse's story in their own words in order to pinpoint the issues that specifically influence their decisions to remain in the perioperative area. Armed with this information it will be possible to formulate recruitment and retention strategies that target those exact issues. The gap identified in this literature review supports the aims and purpose of this study, whilst the results

of this study will enrich nursing's body of knowledge by providing recommendations for perioperative managers to consider in order for them to improve recruitment and retention in their clinical area. The next chapter will present the philosophical underpinning and theoretical framework for the study.



## Chapter 3 – Methodology

### Introduction

This chapter presents the chosen methodology for the research. A discussion is included that offers the philosophical underpinnings of phenomenology including comments on the work of van Manen (1990) upon whose approach and methods of analysis, the research was based.

### Phenomenology

The conceptual framework that will be underpinning the study is the qualitative research methodology of interpretive Phenomenology.

### Definition of Phenomenology

The word Phenomenology has its origins in the Greek words ‘phaenesthai’ which means to appear, and ‘logos’ meaning reason. This etymology provides the understanding behind the meaning of phenomenology. Phenomenology is acknowledged as an eminently suitable methodology for the purpose of studying human phenomena and its significance to nursing research (Rapport & Wainwright 2006). Phenomenological research is focused on exploration of the narrative that is procured from the lived experience of people (Streubert & Carpenter 2007). The objective of Phenomenology is to gain a more in depth understanding of the experiences of everyday life (Broussard 2006).

Phenomenology is a conceptual framework for research that is specifically used to determine the lived experience of people, to investigate the selected phenomenon and to discover a richer and more in-depth understanding of issues, as the research participant perceives them. By exploring the experiences of current perioperative nurses, improvement or change of practice is made possible (Chamberlain 2009). Every person perceives life experiences differently with each individual expressing varying viewpoints of the same event. By applying a phenomenological research approach to the selected inquiry, the lived experience of each participant was thoroughly investigated in order to provide greater insight into the identified phenomena.

There are two main schools of phenomenological thought. It is considered to be descriptive or interpretive in nature. The fact that this methodology does not adhere to the more readily accepted traditionally scientific approach to research means that it will continue to be a topic for debate. It has become an increasingly popular methodology for nursing and the 'people' related professions (Hendry, McLafferty & Pringle 2011).

#### Historical Development of Phenomenology

Qualitative research is based upon a number of assumptions. These assumptions can be organized corresponding to three philosophical concepts, those being ontology, epistemology and methodology. Ontology is the concept that guides the study and is concerned with social reality or what really exists. It deals with how the real world changes according to individual experiences; therefore each person has a different understanding and preconception of reality depending on their social interactions with others. Epistemology is concerned with the knowledge of what actually exists, that is; how do we know what we know? (Weaver & Olson 2006). The researcher tends to have a personal involvement in the research topic and therefore influences whether the research carried out is subjective or objective. To encourage objectivity

instead of subjectivity, 'bracketing' is employed. Bracketing is a recognised process used in phenomenological research methodology to assuage the possibly detrimental effects caused by preconceptions of the researcher that may in fact taint the research results (Tufford & Newman 2012). They display empathy and understanding with the participant. The third concept, methodology, deals with how the knowledge of social reality is gathered. It is the strategy for the study's design by utilising methods that extract the experiences of the research participants (Casey, Murphy & Welford 2011).

### The Philosophies of Husserl and Heidegger

The two main approaches to phenomenology presented in the literature are those of Husserl (1913) and Heidegger (1927). Husserl's ideas brought about the descriptive approach. He believed that the relationship between perception and its objects was not inert and that human consciousness actively comprises the objects of experience.

Heidegger's approach is interpretive in nature and is known as Hermeneutics, which means interpretation. He modified Husserl's perspective and detailed the process of 'bracketing'. Bracketing is a process whereby researchers acknowledge that their own beliefs and experiences may influence the research and 'bracket' them to keep them separate from the research findings (Hendry, McLafferty & Pringle 2011). The Husserlian approach focuses on an epistemological inquiry or the study of knowledge whilst the Heideggerian approach focuses on ontological inquiry or the study of being. The rationale behind the choice of methodology for the study is related to the necessity for understanding and exploration of the experiences of the current population of perioperative nurses in order to be able to better formulate plans for optimal recruitment and retention of future generations.

## Hermeneutic Phenomenology

The study design followed the methodological structure detailed by van Manen (1990) who suggests that six activities provide insight into investigating the essence of a lived phenomenon. The six actions are:

- 1) Turning to a phenomenon, which seriously interests us and commits us to the world.
- 2) Investigating experience as we live it rather than as we conceptualise it.
- 3) Reflecting on the essential themes, which characterize the phenomenon.
- 4) Describing the phenomenon through the art of writing and rewriting.
- 5) Maintaining a strong and orientated pedagogical relation to the phenomenon.
- 6) Balancing the research context by considering parts and whole. (van Manen 1990).

The first action relates to the identification of the research question. The second action is involved with the conduction of interviews. The third action is the process of reading and re-reading the data collected at interview and identifying themes that emerge from the information gathered. The fourth action of writing and re-writing develops insights gathered from the identified themes and creates some order and interpretation in response to the identified phenomena.

The fifth action relates to the researcher maintaining focus on the phenomenon, keeping on track whilst exploring emerging concepts. The sixth action involves the researcher looking at the big picture as well as investigating and reflecting on the various identified parts, or themes, of the initial phenomenon. It is important that the researcher does not lose focus on the initial research question.

## Hans Georg Gadamer and Hermeneutics

As a student of Heidegger, and himself a philosopher, Gadamer created four ideas that are particularly relevant to nursing research and form central concepts in his philosophy in executing the hermeneutic process (Austgard 2012). These ideas are Prejudice, Fusion of horizons, Hermeneutic circle and Play. Hermeneutics is a process that aids interpretation and understanding from another person's perspective.

### Prejudice

According to Gadamer, there is no understanding that is free from prejudice or pre-judgment (Green 2011). This idea lends itself to the researcher accepting that they have preconceived ideas relating to the subject and as such can provide them with more insight and better understanding of the phenomena (Paul 2012). Prejudices are all the ideas and attitudes that we take into a situation, a judgment that we render before all the elements of a situation have been examined. Pre-understanding is that which we take into an encounter. That is, we possess preformed ideas and perceptions of the world prior to further contemplation of an idea. Understanding occurs when our present understanding or horizon is moved to a new conceptualisation or horizon by an encounter with a different perspective (Austgard 2012).

## Fusion of Horizons

By definition the fusion of horizons is the process whereby our past and present horizons or understandings combine to form a new understanding. Past and present cannot exist without each, and each influences the other and how we as individuals perceive any given situation or experience (Clark 2008).

## Hermeneutic Circle

The hermeneutic circle is a metaphor that refers to the circle of interpretation, the process that is applied to allow interpretation or understanding of text gathered from the dialogue. Initial understandings are replaced by more suitable prediction as the meaning becomes clear. There must be dynamic movement between the 'parts' and the 'whole' of the interaction between researcher and subject in order for understanding, or being, to be possible. Thus the circle of understanding is not a methodological circle but rather describes an element of the ontological structure of understanding or being (Gadamer 2004). It is important that the interpreter or researcher appreciates that each 'part' of their dialogue with the subject has a direct relationship to the 'whole' interview and vice versa, indicating no end point to the circle (Walsh 1996).

## Play

Following description of the hermeneutic circle we must then discover how we enter it and conduct ourselves within the circle. Gadamer (2004) states that we cannot conduct ourselves either subjectively or objectively within the circle instead we must be a 'player', or by definition take part in the play. By incorporating their own understanding and interpretations the researcher better interprets the dialogue and understanding of the participants in order to formulate a new horizon or conceptual point of view (Streubert & Carpenter 2007).

## Phenomenology and Nursing

Nurse researchers have been attracted to phenomenology because, like nursing, it considers the whole person and values their experience. Nursing is related to understanding people, being perceptive and sympathising with them. It acknowledges the experiences of individuals and supports them in maintaining control over their own health care.

Nurses respect their patients and are traditionally excellent listeners, who are able to empathise and create rapport, usually within a short timeframe. All of these are useful skills in the conduct of phenomenological research, which allow them to conduct an effective interview (Biggerstaff & Thompson 2008). Listening is one of the intrinsic aspects of proficient nursing care because humans feel more valued when they are listened to. This skill then engenders a sense of well being and control in a patient who might otherwise feel isolated and helpless (Shipley 2010). Nurses' performance of assessments and their subsequent planning of care lend itself nicely to the way an experience is researched using phenomenological methodology using interview techniques and applies the skills that nurses already excel at in order to facilitate data collection. The nursing profession supports the principal of holistic patient care, mandating nursing interventions that treat both the psychosocial and physical aspects of the client concurrently. Nurses are taught to believe that the two aspects are intertwined and each plays a part in either the deterioration or improvement of the other (Balls 2009).

Wojnar and Swanson (2007) substantiate the theory of holistic care and its overall appropriateness in the conduct of phenomenological research to guide nursing practice. Phenomenological methodology takes into consideration the client as a whole, which is supportive of current nursing philosophies. Interpretive phenomenology is based on the philosophical assumption that all human action is naturally meaningful and that all comprehension of human

phenomena derives from interpretation of that human action, however there are different styles of phenomenology that all share some common attributes (Dowling 2007).

### Summary

This chapter has outlined the basics of phenomenology, some of its historical evolution, and has presented its approach for exploring the lived experience. The philosophical assumptions underlying the research methodology used in this study were discussed, and its relevance to nursing practice was presented. Phenomenology provides the philosophical framework for this study aimed at describing and understanding the experiences of both novice and experienced perioperative nurses in regard to recruitment and retention. The methods used in the conduct of this study will be discussed in the next chapter.



## Chapter 4 - Methods

### Introduction

Grounded on the evidence extracted from the literature review concerning a gap in the knowledge about perioperative recruitment and retention; and supported by the decision to use phenomenology, this chapter describes the appropriate method and restates the design for the study. By providing details on the participants and their recruitment, the study setting, ethical considerations, data collection techniques and data analysis techniques this chapter defines the relevance to the perioperative area. The intended outcomes of the study will also be discussed.

### The Study Design

The framework for this study was informed by a hermeneutic phenomenological approach (Greatrex-White 2008). This approach is categorised within the interpretive paradigm, in which the researcher is fully immersed in the collection, and subsequent analysis of data. Understanding of the lived experience ensues from active interaction between the participant's experience as a whole and the researcher's understanding of that experience (Walters 1995).

## Study's setting

The setting for the research study was an outer metropolitan hospital, under the umbrella of Country Health SA. The operating suite consists of two operating theatres; a post anaesthetic recovery unit and a day surgery suite that is staffed by multi-skilled registered and enrolled nurses. It is an expectation of the theatre suite that all staff are able to multi-skill and be competent to function across all areas, covering a four week rotating schedule of nine specialties, and participating in a 24 hour, 365 day on-call roster. There are registered and enrolled nurses of varying levels of skill and competence, with those that are less skilled striving to achieve higher levels through education and practice.

The majority of the workforce utilised in the operating suite in addition to the general hospital workforce population, are drawn primarily from the local community. The local community covers a relatively widespread area and members of the community possess a lot of pride in their local hospital. Dwelling on the periphery of the metropolitan area has overshadowed on occasion issues pertinent to the health care facility, but staff and community loyalty has remained high and they have achieved many beneficial things together.

## Sample Population

The sample population comprised registered nurses, both experienced and novice, currently employed in the perioperative setting. The final study population was a group of eight perioperative registered nurses who are currently employed in the operating theatre suite. The relatively small sample size necessary for qualitative research is explained by the abundance of information the participants provide (Ayres 2007).

## Participant information

Recruitment to the study took place in response to a flyer inviting participation from theatre staff that met certain criteria. The researcher provided each potential participant that responded with both verbal and written information regarding the project. Each person was given an explanation of the purpose and potential outcomes of the research. Each prospective participant received an information sheet (Appendix 1). All recruits were keen to avail themselves of the chance to participate.

## Consent

Once all potential participants had read the provided information sheet detailing the study, and the researcher had addressed any queries raised, each potential participant was asked if they wished to take part in the research. All of those people that were approached agreed to be involved and informed consent was gained using a written consent form (Appendix 2) prior to the commencement of any interviews. The consent form included information relating to the nature and purpose of the study, that they would not derive any financial or other benefit from their participation, that interviews would be audio recorded, that they were free to withdraw participation at any time, and that they could be assured of their anonymity and confidentiality through participation in the project.

## Selection/Exclusion Criteria

Only registered nurses were included. The inclusion criteria meant that the participants shared certain similarities and was therefore a purposive sample (Polit & Hungler 1995). Enrolled nurses, nursing students and graduate nurses were excluded. Enrolled nurses were excluded on the grounds that their experiences may differ greatly from that of the registered nurses and would

invalidate the results by not providing consistent comparison. Nursing students and graduate nurses were excluded from the study as they are largely transient staff and not in a specialty of their selection.

### Ethical Considerations

Ethical approval is required prior to the commencement of any research study involving human participants in order to ensure that their dignity, privacy and rights are protected; and to minimise any potential risks to those participants (Denzin & Lincoln 2011). Ethical approval was initially sought and gained by submission of a research proposal to the University of Adelaide Ethics Committee (Appendix 4). Once this was obtained the research proposal and the ethical approval was forwarded to the executive committee of the health care facility for their subsequent approval to undertake the research (Appendix 5). Participants were involved in sharing confidential and sensitive material without financial gain and gave willingly of their own time. It was essential that they not suffer any emotional discomfort or retribution for their involvement.

### Privacy and anonymity

That privacy and anonymity were maintained for all participants was vital. Confidentiality was maintained as a high priority, and this was fully discussed prior to consent being sought. The National Health and Medical Research Council (2007b) (NHMRC) states that privacy is

“a domain within which individuals and groups are entitled to be free from the scrutiny of others.”

To this end participants were assured that all data would be kept confidential and any identifying material would be changed or de-identified with a coding

system only known by the researcher. All participants were informed that should it eventuate that any direct quotes from the interviews were used, they would not be identifiable in any way. This is highlighted by the National Health and Medical Research Council (2007a) who maintain that

“confidential information must only be used in ways agreed with those who provided it.”

All participants were informed that at the conclusion of the research study any identifiable information would be deleted to both protect their privacy and maintain their anonymity.

#### Specific considerations

It was not anticipated prior to commencement of the study that participants might suffer significant emotional distress as a direct result of sharing their personal experiences, but all participants were informed that termination of the interview would occur and counseling would be offered should this scenario arise. Following completion of data collection there was no evidence that this was the case and therefore there was no requirement for those strategies to be implemented.

#### Storage of data

The transcripts from the interviews will be securely stored for a period of twelve months following completion of the project, encrypted on a flash drive and stored in a locked filing cabinet. Following this timeframe they will be destroyed. All other data will be kept in secure storage for a period of five years before being destroyed. It is noted that the National Health and Medical Research Council (2007a) recommendations state that data should be retained for a minimum of five years before its destruction.

## Data Collection

Generation of data for the study was facilitated through the use of a single in-depth semi-structured interview using open-ended questions that were designed to elicit open dialogue with participants. The purpose of the dialogue is to extract that person's lived experience, to provide participants with the opportunity to present as much information as possible about their experience as it relates to the phenomenon of interest (Earle 2010).

Interviews have evolved as a popular method of collecting qualitative research data as they provide the participants with the chance to contribute their own lived experience of the phenomena of interest to the research (Ivey 2013). Through effective and open dialogue participants are encouraged to provide fluent disclosure through enunciating their experiences in their own way. All interviews were conducted in the same location, being a quiet private office on the grounds of the health care facility, agreed upon by both parties. This was discussed with each participant when signing the consent form (Appendix 2) prior to commencement of interviews.

Each participant received the same questions, with the capacity to provide prompts when needed. If the dialogue lent itself to extended discussion, this could then be facilitated. The questions were designed to maintain focus upon the identified phenomena whilst still allowing for digression if needed to expand on their experiences. Rapport between researcher and participants is fundamental in ensuring accurate and complete data collection, whilst ensuring that an appropriate level of depth renders the study reliable and valid (Balls 2009). The duration of interviews ranged from 40-65 minutes, with the entire interview process conducted over a 6-week period.

Following conduction of the interviews, each was transcribed verbatim as soon as possible by the researcher using a word processor. Each transcript was then

proof read in conjunction with listening to the audio to check for accuracy prior to analysis. Each interview and subsequent transcription was then de-identified and replaced with a coding number.

### Methodological Rigour

Streubert and Carpenter (2007) affirm that the objective of rigour in qualitative research is to precisely represent the experiences of the study participants. There has been considerable deliberation over the assessment of rigour and validity in qualitative research studies (Drummond et al. 2011). Bearing in mind that it can be challenging for qualitative researchers to find a way to show how their study exhibits scientific rigour, methods must be shown to address this issue in order to demonstrate confidence and plausibility in the study's findings (Gelling 2010). The issue of establishing rigour in phenomenological nursing research is well documented as being a highly controversial topic (de Witt & Ploeg 2006).

Methods that may be used to demonstrate rigour and validity include participant feedback, or member checks, and the maintenance of a journal during the process of interviewing. Seeking feedback from participants following transcription of their interviews has been shown to ensure that their experience has been precisely and accurately described (Bradbury-Jones, Irvine & Sambrook 2010). This is a means of validating the data that has been collected. In the case of this study validation occurred as a result of respondent verification. When presented with their own data and its interpretation, participants were able to validate the accuracy and provide feedback to the researcher (Roberts, P, Priest & Traynor 2006).

## Summary

This chapter has described the process by which this hermeneutic phenomenological study was conducted highlighting the expected understanding of the 'lived experience' of perioperative nurses through this research. Additionally, this chapter has discussed aspects of the recruitment process, the chosen participant criteria, ethical issues and approval process, privacy and anonymity maintenance, data generation, storage and analysis processes. Issues of rigour and quality associated with the use of this approach have been explored. The analysis of data collected in the conduct of this study will be discussed in the next chapter.



## Chapter 5 - Analysis

### Introduction

This chapter presents in detail the steps used for data analysis. It is the viewpoint of van Manen (1990) that with no formal method defined, the process of analysis using hermeneutics within a phenomenological framework tends to ebb and flow in a free form. However, a novice researcher requires guidance in the process of data analysis and with the lack of a definitive step-by-step procedure it is necessary to build a structured progression to maintain focus. Fundamentally it is necessary that each step of the data analysis process is explained and justified in order to permit transparency and auditability (Balls 2009).

### Data Analysis

Analysis of the data initially consisted of grouping the data into meaningful units. In this particular study, the researcher wanted to know “What is the lived experience of perioperative nurses?” in relation to how the participants perceived that specific interventions or experiences have encouraged them to remain employed in the area of perioperative nursing. The data analysis process used a thematic analysis, which is a qualitative data analysis technique devised to extract emerging themes and trends from an extensive collection of written or verbal communication (Munhall 2007).

Different schools of Phenomenology have developed different approaches to analysis of the data. However, the fundamental outcome of all analysis methods is the description of the meaning of the experience through the identification of essential themes. This is achieved by searching for patterns of commonality shared by certain occurrences (Priest 2002). For the purpose of this study this was achieved through acknowledgement that it is a worldview as seen through the eyes of the participants, encompassing an aspect of their journey through their career as a perioperative nurse.

Jasper (1994) stated that the question of being able to apply the research to other settings is inappropriate in phenomenology because the aim is not to produce a theory of general application. However, if researchers offer sufficient detail about the study setting, participants and process, not only can the research be audited but it may also mean it can be replicated in other settings.

Identification of the researcher's pre-understanding is vital to the process of hermeneutics. The term pre-understanding refers to the necessary knowledge that a person requires to understand and cope with a challenge (Paul 2012). Being the starting point of hermeneutics, pre-understanding also develops and redevelops in response to the whole hermeneutic process in order to interpret the data. The researcher was both inclusive and involved in the project by being a component of the frame, and yet able to be separate enough to perform data analysis. Data analysis therefore occurs simultaneously to data collection with the researcher on the inside 'looking in'. Being in possession of a background as a perioperative nurse of many years, the literature review that was undertaken to inform this research, informed the researcher's own pre-understandings in addition to acknowledging previously accepted assumptions that have been formed through life experiences.

The process of data analysis for this study began with reading and re-reading each transcript a number of times in order to become familiar with their content

and begin recognising trends and key words that were emerging from the dialogue. This occurred ideally as soon as possible following interview. The researcher undertook all interviews in person and transcribed the interview data personally, thus ensuring that all data collection and verbatim transcription processes were consistently achieved reducing the risk of inconsistency and misrepresentation of the participant's dialogue (Coyer, Hass & Theobald 2006). Verification of the accuracy of the transcriptions was achieved by listening to the taped interviews whilst reading and re-reading the transcripts a number of times.

The use of a manually conducted, selective or highlighting approach (Endacott 2005) was used to acquire textual clarification and provide identification of experiential themes. Specific pieces of the transcribed text were identified as meaningful in terms of describing the participant's individual experiences. Balls (2009) indicates that

'It is generally agreed that the only legitimate source of phenomenological data is the individual who has lived the reality being investigated. The transcript therefore becomes the vehicle through which we share or borrow that experience through a description of it. Researchers have a responsibility to remain true to participants' words and meanings and to represent their experiences.'

To attribute false meaning to the project through use of a biased selection of quotes is a poor return to participants who gave their time and commitment to the cause. As registered healthcare professionals, nurses have a responsibility to act with integrity and this should extend to their research activity Nursing and Midwifery Board of Australia (2008).

Personal integrity is also required of phenomenological researchers, especially in presentation of results. Researchers can be extremely selective about what

they choose to quote and the omission of certain sections of transcript can significantly alter participants' meaning. Consequently, they have the ability to manipulate their study data to reflect any underlying agenda they may have and, to an extent, to select the required results (Clancy 2013). Integrity of the data was maintained during the analytical phase of the study by guaranteeing that objectivity was supported to the best of the researcher's ability and that checking back with participants on their responses ensured true representation of the data.

Logistically, once saturation of data was reached from the identification of key phrases analysis of the data was able to commence. During this process it was necessary to determine what meanings could then be ascertained from those sub-themes and consequent cluster themes such as 'Commitment'. The key terms or sub-themes were classified into categories determined by 'locus of control' for the purpose of data analysis to make evaluation more comprehensible. Those key terms were identified as showing an internal locus of control (those that were controlled by the individual), or as showing an external locus of control (those that were unable to be controlled by the individual) such as external factors under the control of others.

#### Extraction of significant statements

During the process of data analysis, extraction of significant statements pertaining to the identified phenomena was achieved, thus beginning identification of relevant sub-themes or key terms, which were then highlighted. Hermeneutic interpretation provides the prospect for gaining insight into the lived experiences of individuals using infinite movement and understanding, thus achieving the 'fusion of horizons' (Miles et al. 2013).

For the purpose of this study that was achieved by specific statements or phrases of transcribed text that seemed particularly fundamental or

enlightening about the phenomenon of being a perioperative nurse being highlighted according to observed similarities. The dynamic relationship between the categories, or sub-themes, was then explored and a comparison with the original transcripts occurred to determine whether they were consistent across a number of participant experiences or whether they were identified as exclusive. Categories that were identified as being consistent among a number of participants were collated into larger groups or themes using keywords in order to formulate conceptual meanings and to explore the essential qualities of the described experience. From these themes, significant statements were identified. Whichever method is chosen to analyse the data, it involves categorising participants' experiences into themes using their own words. In phenomenology these are presented, often in relatively extended quotes, in order to illustrate those themes.

During analysis of the data for the project, both explicit and implicit themes were revealed. van Manen (1990) describes a theme as an attempt to capture the phenomenon we endeavour to understand. Explicit themes were defined as those that were clearly revealed much sooner in the analytical process as being meaningful. Implicit themes referred to those that emerged at a later stage following deeper analysis, those that tended to be the meaning behind the words rather than the words themselves (Roberts, K & Taylor 1999). This process forms a component of the 'fusion of horizons' that was discussed by Gadamer (Annells 1996) whereby the words and experiences of the study participants converged with the researcher's own thoughts and ideas, becoming transitional within the fusion of horizons of the lived experience.

## Formation of conceptual meanings from significant statements

From the significant statements that were identified, meanings were then formulated and organised into fifteen sub-themes that were further clustered into two comprehensive categories and integrated into an exhaustive description. The process of finding meaning through description of the lived experience in order to analyse it continued by grouping keywords and concepts into similar themes thereby moving from the 'parts to the whole' as described by van Manen (1990) with his concepts of fusion of horizons and hermeneutics.

## Development of cluster themes and formation of emergent themes

The ongoing progression into the development of cluster themes and the formation of emergent themes occurred following the identification of key words and concepts in the preliminary analysis process, progressing through grouping similar concepts together to form sub-themes. Finally the sub-themes were similarly grouped together to inform the development of the major themes, 'Intent to resign' and 'Retention', as detailed in the theme concept map (Figure 1).

## Integration of results into an exhaustive description of the phenomenon

During the process of data analysis and theme development it was essential to ensure that reflection occurred in order to maintain relevance to the aims of the project and the research question. Roberts, K and Taylor (1999) provided guidance through presentation of these questions:

- "Why did you choose those words? Are they still relevant? Would other words represent them (the themes/ essences) more effectively?"

- Clarify in your mind what the themes/essences mean. Try writing down the words and sentences that explain them to other people...
- Create those definitions and explanations that represent most faithfully the clearest and truest meanings you can extract from the analysed data..." (Roberts, K & Taylor 1999, p. 345).

Maintaining focus on the objective and research question using the above questions, and much reflection during the process of thematic review and development, the data was analysed in a manner that most accurately reflected the true essence of the experiences of the participants.

Trustworthiness and rigour of the report was addressed by the participant's confirmation that data representation was accurate, and the report's auditability is demonstrated by the traceability of the themes back to the raw data as illustrated in the table and by the examples given from participant's comments (Streubert & Carpenter 2007). This can be identified in Table 2 (Appendix 7).

## Summary

This chapter described in detail the process of analysis that was used for the exploration of the total of eight transcripts included in the project and presented the key words, concepts, sub themes and themes that were subsequently identified. The quest for meaning from the transcribed interviews and the resultant attempt to make sense of the findings resulted in the development of two major themes, that of Resignation and Retention, and fifteen major sub-themes in total. The themes and the findings of this analysis are discussed in the next chapter.

## Chapter 6 - Interpretation

### Introduction

The purpose of this chapter is to present the themes that form the lived experiences of perioperative nurses. By providing explanation of the interpretive facets built from the meaning of the lived experience of perioperative nurses, this chapter presents a clear decision trail supported by direct quotations from the participants. Interpretation and meaning evolved through an inherent relationship that the eight participant perioperative nurses who have lived this experience have with their own dialogue. The understanding of the phenomenon presented in this study combined with the researchers own understanding of the dialogue combined to form the basis of the study.

Discussion about the process of interpretation and the findings of the study will be presented in detail taking into account both the literature and the philosophical underpinnings of Heidegger. Interpretation involves attaching significance to what is discovered and drawing conclusions from that in an effort to interpret the phenomena of interest (Dowling 2004). The results of this interpretation are described by Gadamer (2004) as a 'fusion of horizons' whereby the researcher's beliefs and understandings merge with those of the participants to create a new perception of reality.



The intention of this chapter is to demonstrate how the data gathered from the participants evolved into the two identified major themes thus showing the process is one of moving from the parts that constitute the experience to the whole, then considering the parts again in light of the emerging themes. In this way it is possible to construct the whole, which is the phenomenon of interest; the experience of being a perioperative nurse.

### Overarching pivotal concept

Through the classification of keywords derived from participant dialogues and from the subsequent formation of sub-themes, cluster themes and major themes, it became obvious that there was indeed a common denominator or overarching pivotal concept that meshed all of the themes together. The pivot term that was identified was 'ownership'. This term remained paramount to the end result, but was influenced by many other factors along the way. It was established that both external and internal loci of control were ascertained to play a large part in determining the level of influence those factors had on the overarching pivotal concept. This 'see-saw' concept is demonstrated in Figure 1.

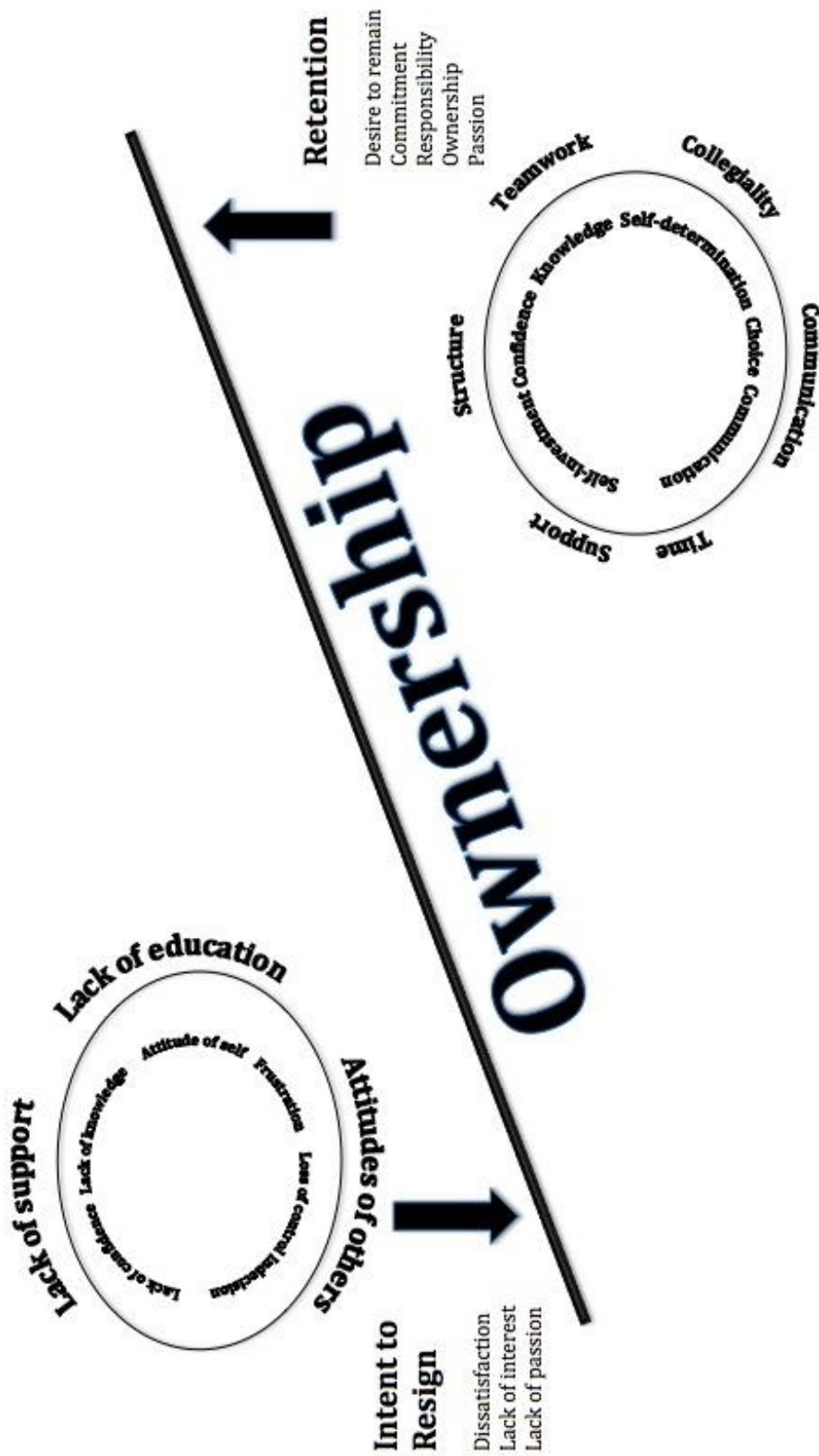


Figure 1 Concept Diagram

## Major Themes - 'Intent to Resign' / 'Retention'

The 'intent to resign' and the potential for 'retention' emerged as the two major themes of the study and were reflected in all of the participants' comments in one way or another. There were many reasons presented in the data that supported which direction each participant was intending to follow. Many factors, cluster themes and loci of control were shown to influence how they were indeed tipping the balance of the 'see-saw' or pivotal concept that for the purpose of the study is defined as 'ownership'.

Cluster Themes - 'Dissatisfaction', 'Lack of interest', 'Lack of passion', 'Desire to remain', 'Commitment', 'Responsibility', 'Ownership' and 'Passion'.

The above cluster themes were identified as being important contributing factors that developed into the two major themes. Identification of these sub-themes from keywords in the dialogue presented as strong manifestations of the outcomes experienced by each individual and their overall intention to either remain or leave the perioperative area.

*Dissatisfaction* was used to describe the feelings that participants identified in their dialogue. Participant 4 said that "if there had of been another option I may have taken it. But I would like to try and stick it out". This was echoed by participant 5 who stated that "I try to do research on things that I feel are really necessary, but then when you go to management and they don't understand, because they have never worked in the area, I find that really hard".

*Lack of interest* played a large part in the participants' perception of their experiences in the perioperative setting. Participant 6 identified this when they said, "Before I left work to have kids, my goals were completely different. Now I just come to work to survive, I don't look for that extra strive".

*Lack of passion* was evident in many comments made by participants in their interviews. Participant 6 iterated this sentiment when they said, "If you don't like doing something, I don't think the drive is there to do it". Participant 1 also supports this by saying; "I think you really need to be at least interested in your work".

*Desire to remain* shone through in a number of comments by participants. Participant 7 enthusiastically stated that "I worked in theatre for three months and I loved it. I love perioperative nursing and have since the day I stepped foot in there". Participant 8 echoed this by saying "I knew that there were a lot of interesting things you could do in theatres, which is why I wanted to stay and develop my skills".

*Commitment* was a concept that was highlighted by a large number of participants. Coupled with the idea of teamwork it was evident from their comments that they valued this favourably. Participant 8 alludes to the values of commitment and teamwork in saying "I don't know whether it's a common thing for new staff, but they just seem to be very task orientated instead of patient orientated. They don't get that you need to get in and help everybody". Participant 1 who expresses the view that "normally you respect each other, depend on each other and know each other and their foibles etc." supports this point.

*Responsibility* tended to show through as a positive factor. The lack of this quality was also evident in some participant responses. Participant 1 states that "the more knowledge you have about your job the easier your job gets, the less you whinge or the less you say you don't know about this and it's ages since you've done this list, because the actual procedures themselves never change".

*Ownership* is verbalised by Participant 1 saying, "Gain more knowledge, skills and become better at the job". This quality was exemplified in the participants

that were positive, confident, and knowledgeable and who showed a tendency toward an intention of remaining in the perioperative field. Participant 7 supported this by indicating “you tend to hop into comfort zones pretty quickly, but it’s about owning a job and feeling like you actually know what you are doing”.

*Passion*, it seems, is more a powerful emotion perhaps rather than an experience, that according to the participants is felt by only a few with regard to perioperative nursing regardless of location. The fact that job location plays but a very tiny part in true passion for perioperative nursing is maybe indicative of personality or self-confidence of the individual rather than other external factors. A number of participants spoke of their passion for the area of perioperative nursing practice and this was evident in some of their statements, which highlighted their overall dissatisfaction. Yet they chose to remain in the area despite stated adversity because of their passion. Participant 7 stated that ‘it was one preceptor who ignited my passion. There are a couple of reasons I want to stick around. When people lose sight of that passion it becomes insidious. Some people don’t have the attitude for it, it’s a very type A personality area’.

#### Locus of control factors

Yılmaz and Kaya (2010) define locus of control as how an individual perceives their control over their own personal life events. Their control may be either internal or external. All of the identified themes in the study were categorised by which factors provided their locus of control. It must be acknowledged that there is a relationship between internal and external loci of control. It was discovered that both of these factors interplay to create the end result.

## Antecedent / Consequence

Noticeably in respect to all themes identified in the data there proved to be influencing antecedents, and for every antecedent there was a corresponding consequence. The evolution of the consequence involved the passing of an amount of time and the influence of certain other factors, or antecedents, that then contributed to the end result.

## Sub-themes

*Lack of support* was exhibited in many of the participant answers as an important contributing factor to their perception of where they were currently situated. Participant 4 stated that they 'felt less supported than when I was a student. I was a bit surprised that I just spent a day and a half with someone and then was thrown into anaesthetics'. This view is supported by Participant 5 who believed that they were 'dropped in the deep end, I know sometimes you need to be let go, but I still think I need to learn quite a bit more'.

*Lack of confidence* stemmed from a number of other factors and was largely attributed to internal locus of control elements rather than outside influences. Participant 5 summed this up when they said 'It's not about age, it's about people's confidence in themselves'.

*Lack of Education* played a big part in each participant's perception of self and tied in substantially to both internal and external loci of control. It is the opinion of participant 8 that 'new staff haven't been able to expand their role through lack of education and preceptorship. Unfortunately when you get someone who has been here for what appears to be a long time, you realise they don't really know what they are doing'.

*Lack of knowledge* is always a beginner's major problem. How this problem is overcome depends greatly on the interaction with the other identified sub-themes, and then how this problem is then addressed. With knowledge comes power and confidence enabling a person to grow and develop more knowledge and skills.

*Attitude of Self* constitutes a major influence on the outcome of any perioperative nurse's experience. The attitude they personally hold toward perioperative nursing and the associated tasks often holds the key to the success or not of the individual. A receptive learner can be compared to a sponge in the way they are able to soak up knowledge and clinical skills. A resistant individual blocks their own learning with their own attitude. Attitude of self is an antecedent and internal loci of control that impact on the resultant experience.

*Attitude of others* nevertheless contributes markedly to the experience of all perioperative nurses in some way or another. Despite an individual's initial level of enthusiasm upon embarking on a perioperative nurse journey, the attitudes of others influence the path experienced. Participant 7 elucidated this sentiment well in their statement 'it was quite obvious, her behaviour, that she didn't want to work with students or junior staff. That whole eat your young attitude'. Attitude of others is often the antecedent to the consequence of an individual's intent to resign.

*Frustration* was a feeling expressed by some participants. This was as a result of both external and internal factors. Participant 8 felt as though they 'bang my head against a brick wall. I try not to lose my cool. I know I get a little wound up, that's honest. I try to walk away, de-stress, come back and face the situation. I try and find help that I need to overcome any problem that there might be'.

*Loss of control* was a sub-theme noted by some participants as a strong feeling they experienced. An individual's internal personality traits may be indicative of their tendency to experience this feeling, or perhaps it is an indication that the culture or processes of the perioperative environment are not supportive of collaboration and participation by individuals. This feeling was highlighted by Participant 4 when it was stated that 'I don't think they've encouraged me to stay. It was probably a lot from the big egos, such as saying things that aren't supportive, and are bullying and harassment in a way'.

*Indecision* was the outcome felt most commonly by participants that were recipient of undesirable experiences felt in difficult situations, leading them to a point where they were seriously considering resignation or contemplating a change in career path. This meant that they were then placed in a position whereby they were forced to reconsider decisions they had made previously.

*Self-Investment* is the term used to describe the level to which participants made an effort to involve themselves in the processes involved in their perioperative experience. Their level of self-investment corresponded proportionately to their positive or negative experiences overall. In other words, those participants who in the main reported positive experiences were more involved and sought to extend their own knowledge and skills.

*Confidence* is a personal trait that influenced the participant's perioperative outcomes. The more confident a person was the better their experience or they exhibited more resilience overall.

*Knowledge* is the antithesis of lack of knowledge, and as such can be a powerful entity. Those participants who expressed that knowledge was important for them exhibited empowerment to varying degrees. Participant 1 describes the importance of knowledge quite aptly saying that 'if you're the least bit interested do your theatre course, learn your anatomy and physiology, learn



your procedures, it's a whole big world of Google out there that's got all of this information'.

*Self-determination* is the determination of an individual to control their own destiny of their own free will. This power is an antecedent, and falls under internal locus of control. Some individuals' exhibited this personal quality that subsequently appeared to positively influence their overall perioperative experience and attitude. Participant 1 provides an excellent example of self-determination when they maintain that 'I wanted to know more of what I was doing and why I was doing it'.

*Choice* as a sub-theme was noticeably a pre-requisite to improved attitudes and better experiences. Those participants that chose to enter the perioperative field generally displayed a more positive outcome and expectations than those that 'fell into it'.

*Communication* as an important element in perioperative nursing is congruent with teamwork and collegiality, which forms the very core of best practice in the perioperative work environment. Acknowledgement of this aspect was evident in many of the comments made by study participants. Participant 3 stated that 'teamwork, being able to work with other people to perform tasks, communication does make a difference'. Participant 5 supported this view by saying 'we should really say more positive things to each other, not that we don't feel that way, it's just that we don't express it'.

## Summary

This chapter has presented interpretation of the eight participant's stories, and has provided description of the themes and sub-themes that were derived from the thematic analysis. The meaning that the participants attributed to their experience of being a perioperative nurse was discovered and made explicit. In the next chapter the ramifications of this interpretation will be discussed and speculations will be explored in an attempt to inform the perioperative nursing profession in regard to perioperative recruitment and retention.

## Chapter 7 - Discussion

### Introduction

This thesis presents an interpretation of the experiences of perioperative nurses. It provides insight into what constitutes favourable aspects in the recruitment, but more succinctly, the retention of the perioperative workforce. Addressing those favourable aspects and utilising them to enable a skilled and motivated employee base to be maintained addresses the ongoing issue of succession planning. Analysis of the data provided rich insights into the multi-dimensional lived experiences of the participants thereby expanding knowledge and providing a basis for new and improved strategies to facilitate retention of staff.

### Restatement of the problem

This study was chosen in response to an identified inadequacy in regards to the recruitment and retention of perioperative nurses. The ongoing issue of an aging nursing workforce in general is well supported by both past and current literature. The problem is further compounded when the perioperative workforce in particular is considered. Perioperative nursing is a highly specialised clinical practice area that presents it's own problems that merely exacerbate the overall recruitment and retention challenges faced by operating theatre managers. Many environment specific factors provide antecedents with corresponding consequences as barriers to successful recruitment and retention in the perioperative area.

## Summary description of procedures

The picture that developed from this study depicted the lived experience of eight perioperative nurses. Data was then collected from open-ended interviews, the procedure guided by van Manen (1990). The data was then analysed thematically. There were two main themes that emerged from the data analysis, 'retention' and 'intent to resign'. These two major themes were then interpreted in a hermeneutic phenomenological way providing insight into the findings and their significance for clinical practice.

## Major findings and their significance to clinical practice and education

Upon investigation of the data it is interesting to note, that internal locus of control plays a large part in how an individual perceives their perioperative experience. Personal attributes and self-determination are shown to exert great influence on how a person actually functions within the theatre environment regardless of external loci of control. If positive attributes are there, it is evident from the analysis that factors such as lack of support are not important. If someone has a strong internal locus of control, the external factors are not as important; they overcome them in order to succeed.

Personnel who do not exhibit a strong internal locus of control may require greater support mechanisms to be put in place in order for them to succeed. They are much more readily influenced by external factors, the majority of which can be altered. It may be suggested that our aim as leaders is to change those external influential factors into positives. By doing this, it may be possible to sway the outcome of the 'seesaw' toward the side of retention rather than intention to resign. By optimising the process, leaders and educators can capitalise by ensuring a more positive approach to the issue of recruitment and retention.

From this study it can be seen that nurses who are positive, self-determined and to a large degree take ownership of their own experience and destiny, are more likely to succeed in the perioperative area. So as leaders, we must speculate on how to achieve the same result for all employees. Are we able to make success and positive experience universal? The data indicates that a change to a number of external factors could significantly improve the outcomes. Provision of good preceptorship and consistent, well-structured education programs could perhaps increase the interest and performance of novice perioperative nurses. The use of visible measures of achievement such as progress charts, combined with positive constructive criticism and feedback may be measures that will possibly increase the responsibility and ownership of individuals culminating in successful retention as skilled perioperative nurses.

#### Antecedent / Consequence

For every consequence that has been identified as a major theme, there are corresponding antecedents. The many antecedents that were discovered through data analysis correspond to both internal and external loci of control. Participants that had been retained as perioperative nurses for substantial lengths of time all exhibited a strong desire to remain, in addition to displaying a high level of commitment, responsibility and ownership of their own destiny. The other element noticeable in these people was an obvious passion for this area of nursing. Correspondingly, these participants identified external factors such as teamwork, collegiality, communication, time, support and structure as important to their success in the area. Internal factors that supported their desire to remain were their own confidence, knowledge and self-investment.

Similarly, the participants who were new or novice to the area focused more on the external factors as being responsible for their perceived lack of success. Their responses were more related to a lack of support, lack of education and

the attitudes of others. These responses seemed to be exacerbated by their own lack of confidence, knowledge, frustration and attitude of their self. This indicates that negativity breeds and compounds further negativity. The challenge then is to turn it around and find ways to make recruitment and retention a positive experience for all.

### Study Limitations

The study limitations are derived primarily from the methodological approach taken for this research. It is recognised that, as with other qualitative methodologies, an interpretative hermeneutic phenomenological approach has a number of intrinsic limitations. By recognising these limitations, it provides an understanding of the scope of the study and supports the appraisal of the suggestions supplied by the findings.

### Rigour

Although there are limitations that are documented as inherent in the qualitative process, this is still a study with rigour and has value to nursing practice because it provides insight into the lived experience of perioperative nurses. Insight into those experiences enables understanding of the issues facing operating theatre managers regarding the recruitment and retention of a stable and satisfied perioperative workforce, making this an extremely worthwhile project.

Whilst the findings reported in this study contribute to the body of knowledge regarding the phenomenon of the lived experience of perioperative nurses, it must be acknowledged that due to the specialised nature of the practice area the results cannot necessarily be globalised or exchangeable with the wider population of nursing. Notwithstanding, the purpose of this study was to inform the current system by providing a rich description thereby facilitating

greater understanding and providing valuable insight into the lived experience of perioperative nurses.

Often considered as a limitation are the low numbers of participants included in phenomenological research. Conversely, in the realm of qualitative research it is acknowledged that the focus is placed upon the quality and richness of the data that is obtained from those participants instead of on the quantity of participants utilised for the study. This commonly accepted theory is highlighted by Mason (2010) who states that a small sample size allows data saturation to be reached far quicker than using a larger sample size which can easily become unmanageable. Hermeneutic phenomenology is an ideal methodology for aiding observation of the richness and complexity providing such knowledge in depth.

### Conceptual Diagram

The concept diagram (Figure 1) clearly illustrates the impact of both internal and external loci of control on the potential outcomes of retention or intent to resign. The pivotal concept of ownership by the individual provided the impetus to sway the 'see-saw' either one way or the other. It is indicated in the diagram that the level of personal ownership correlates directly to what extent the individual experiences good or bad outcomes. The person with strong internal locus of control demonstrated that external factors were less likely to impact on their decision to remain or depart from the perioperative area.

### Recommendations for further investigation

Regardless of the small sample size employed for this research, the findings were detailed and could be easily replicated in further research studies. Time constraints for completion of a Masters dissertation limited the size and scope of the project, determining a small sample size in order for timely completion.

The discovery and examination of the lived experiences of perioperative nurses with regard to recruitment and retention can allow this specialised nursing field to grow and create the potential for greatly improved recruitment and retention strategies to be developed. There is great need for this area to be addressed if succession planning for the future of perioperative nursing is to be efficacious. The intention is to disseminate the findings of this study to the greater perioperative nursing population so that those findings may be translated in practice and future perioperative novices may be educated and supported in a way that reflects their emotional and learning needs.

The results of this study have developed the basis of a conceptual framework that indicates the possibility that a happier workforce can be created and retained with the presence of a structured education program. It is suggested that the program should address and include topics relevant to perioperative practice, for example understanding teamwork and collegiality, effective communication, time management and support. Focus on the professional and not merely the technical aspects of perioperative education may need to be addressed. These findings confirm the wider literature and it may be a consideration for future research whether perioperative nursing education standards are actually embracing a structured approach that addresses the aforementioned qualities. In addition, it may be beneficial to consider the impact that the size of an organisation has on its ability to cater to a structured education program. Whether an organisation can adequately support the program with sufficient resources and funds may impact on the outcome. Further work on this topic may provide some answers to the ongoing difficulties with recruitment and retention in the perioperative area.



## Conclusion

This thesis examined the lived experiences of eight current perioperative nurses within the operating suite of an outer metropolitan / semi-rural acute hospital. The concept of investigating the 'lived experience' as a research framework aided in the development of a deeper understanding being gained of perioperative nurses and their experiences.

The findings of this study have provided an insight into the perioperative environment; it's culture and how this impacts upon the nurses. The knowledge that has been generated through the use of the interpretative hermeneutic phenomenological approach increases the understanding of perioperative nursing within a closed environment. The study displays the potential to benefit novice and experienced perioperative nurses, perioperative managers, and ultimately the surgical patients. These customers of the operating theatre deserve to receive the safest and most optimal surgical outcomes with skilled, dedicated perioperative nurses by their side.



## Participant Information Sheet

Research Title Factors for Perioperative Nurse Retention - an enquiry into the lived experience of perioperative nurses

Researcher: Sharon Mewett CN, BN, MACORN, Master of Nursing – Perioperative student, University of Adelaide. Operating Theatre, Gawler Hospital. South Australia. Sharon.mewett@student.adelaide.edu.au (08) 85 212013

### Academic Supervisors:

Professor Alison Kitson BSc (Hons), RN, DPhil,  
Head of School of Nursing,  
Eleanor Harrald Building  
University of Adelaide,  
Frome Road, Adelaide, SA 5000  
Alison.kitson@adelaide.edu.au  
(08) 8313 0511

Josephine Perry MSN by Research, PhD ABD by research,  
Course Coordinator Master of Nursing Science –  
Perioperative,  
Eleanor Harrald Building  
University of Adelaide,  
Frome Road, Adelaide, SA 5000  
Josephine.perry@adelaide.edu.au  
(08) 8313 3595

You are invited to participate in a research study to be conducted by myself, Sharon Mewett, Clinical Nurse in the operating Theatre Suite at Gawler Hospital. The research is to be conducted as part of the requirements towards a Master of Nursing Science degree. This information sheet provides you with information about the research being conducted to enable you to make an informed decision about whether you wish to participate or not. There is no obligation to participate in this research, and you may withdraw at any time

and your choice will be respected.

**What is the purpose of this study?**

The purpose of the study is to explore the experiences of current Perioperative nurses in order to identify the experiences that encourage Nurses to choose this specialty as their career choice.

**What are the benefits of this study to the wider nursing profession and me?**

The benefit to participants will be the opportunity to share their experiences with the researcher and be able to contribute to the anticipated outcome, which will be the promotion of strategies that inspire recruitment and retention of future generations of perioperative nurses to the area. Knowledge that is gained from this research will contribute to nursing's body of knowledge by providing evidence to implement change.

**What will be involved?**

Participation will involve talking about what it is like for you to work in the perioperative area. You will be asked to share your thoughts, feelings, and experiences of working in the operating theatre, and how you feel this has made you stay. The interview will take place privately in a meeting room at Gawler Hospital, and may take up to an hour of your time but can be flexible to allow full disclosure. A follow-up interview may be requested at a later date to clarify or verify information gained in the first interview. You may terminate your participation at any time.

Examples of questions you may be asked include:

How did you first become interested in perioperative nursing?

What effect did your initial experiences have on the overall length of time you have been employed in the area?

You may decline to answer any question and are encouraged to voice any concerns you may have. Your employment or work situation will not be affected in any way by participating or not.

**What are the possible risks?**

There are no known risks to being involved in this research; however if you encounter significant emotional trauma during the process of sharing your experiences, you may seek a referral to the Employee Assistance Program available at the Gawler Hospital.

**How will confidentiality be assured?**

With your permission, your experiences will be digitally audio-recorded and then transcribed. The audio recording will be destroyed after transcription so as to maintain your anonymity. The transcription will be stored securely electronically with password protection, and accessible only to my academic

supervisors and me. You will be provided with a copy of your individual transcript to check. A coding process will remove any identifiable information and the information that you share will be strictly confidential and not given to any third party. The transcriptions will be kept for five years after the research study is completed, and then destroyed.

Please see the attached independent complaints form if you have any concerns regarding the ethics of this research, or would like to speak to someone independent of the project.

Thank you for your assistance.

Appendix 2

**Human Research Ethics Committee (HREC)**

**CONSENT FORM**

1. I have read the attached Information Sheet and agree to take part in the following research project:

<b>Title:</b>	<b>Factors for Perioperative Nurse Retention – an enquiry into the lived experience of perioperative nurses</b>
<b>Ethics Approval Number:</b>	<b>H-2012-160</b>

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.
3. Although I understand the purpose of the research project it has also been explained that involvement may not be of any benefit to me.
4. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.
5. I understand that I am free to withdraw from the project at any time.
6. I agree to the interview being audio/video recorded.                      Yes       No
7. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

**Participant to complete:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Researcher/Witness to complete:**

I have described the nature of the research to

\_\_\_\_\_ *(print name of participant)*

and in my opinion she/he understood the explanation.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 3

### **The University of Adelaide Human Research Ethics Committee (HREC)**

*This document is for people who are participants in a research project.*

#### **CONTACTS FOR INFORMATION ON PROJECT AND INDEPENDENT COMPLAINTS PROCEDURE**

The following study has been reviewed and approved by the University of Adelaide Human Research Ethics Committee:

<b>Project Title:</b>	Factors for Perioperative Nurse Retention - a phenomenological enquiry
<b>Approval Number:</b>	H-2012-160

The Human Research Ethics Committee monitors all the research projects, which it has approved. The committee considers it important that people participating in approved projects have an independent and confidential reporting mechanism, which they can use if they have any worries or complaints about that research.

This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research (see <http://www.nhmrc.gov.au/publications/synopses/e72syn.htm>)

1. If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the project co-ordinator:

<b>Name:</b>	<b>Professor Alison Kitson / Josephine Perry MSN PhD ABD / Sharon Mewett CN</b>
<b>Phone:</b>	<b>8313-0511 / 8313-3595 / 0412473003</b>

2. If you wish to discuss with an independent person matters related to:
  - Making a complaint, or
  - Raising concerns on the conduct of the project, or
  - The University policy on research involving human participants, or
  - Your rights as a participant,

Contact the Human Research Ethics Committee's Secretariat on phone (08) 8313 6028 or by email to [hrec@adelaide.edu.au](mailto:hrec@adelaide.edu.au)

## Appendix 4



RESEARCH BRANCH  
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND  
INTEGRITY

SABINE SCHREIBER  
SECRETARY  
HUMAN RESEARCH ETHICS COMMITTEE  
THE UNIVERSITY OF ADELAIDE  
SA 5005  
AUSTRALIA  
TELEPHONE +61 8 8313 6028  
FACSIMILE +61 8 8313 7325  
email: sabine.schreiber@adelaide.edu.au  
CRICOS Provider Number 00123M

18 December 2012

Professor A Kitson  
School of Nursing

Dear Professor Kitson

**PROJECT NO: H-2012-160**  
***Factors for perioperative nurse retention - a phenomenological enquiry***

I write to advise you that on behalf of the Human Research Ethics Committee I have approved the above project. Please refer to the enclosed endorsement sheet for further details and conditions that may be applicable to this approval. Ethics approval is granted for a period of three years subject to satisfactory annual progress reporting. Ethics approval may be extended subject to submission of a satisfactory ethics renewal report prior to expiry.

**The ethics expiry date for this project is: 31 December 2015**

Where possible, participants taking part in the study should be given a copy of the Information Sheet and the signed Consent Form to retain.

Please note that any changes to the project which might affect its continued ethical acceptability will invalidate the project's approval. In such cases an amended protocol must be submitted to the Committee for further approval. It is a condition of approval that you immediately report anything which might warrant review of ethical approval including (a) serious or unexpected adverse effects on participants (b) proposed changes in the protocol; and (c) unforeseen events that might affect continued ethical acceptability of the project. It is also a condition of approval that you inform the Committee, giving reasons, if the project is discontinued before the expected date of completion.

A reporting form for the annual progress report, project completion and ethics renewal report is available from the website at <http://www.adelaide.edu.au/ethics/human/guidelines/reporting/>

Yours sincerely

  
Dr John Semmler  
Acting Convenor  
Human Research Ethics Committee



RESEARCH BRANCH  
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND  
INTEGRITY

SABINE SCHREIBER  
SECRETARY  
HUMAN RESEARCH ETHICS COMMITTEE  
THE UNIVERSITY OF ADELAIDE  
SA 5005  
AUSTRALIA  
TELEPHONE +61 8 8313 6028  
FACSIMILE +61 8 8313 7325  
email: sabine.schreiber@adelaide.edu.au  
CRICOS Provider Number 00123M

Applicant: Professor A Kitson

School: School of Nursing

Project Title: *Factors for perioperative nurse retention - a phenomenological enquiry*

---

THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE

Project No: H-2012-160 RM No: 0000014347

APPROVED for the period until: 31 December 2015

It is noted that this research will involve Sharon Mewett, Masters student.

Refer also to the accompanying letter setting out requirements applying to approval.

Dr John Semmler  
Acting Convenor  
Human Research Ethics Committee

Date: 13 DEC 2012



## Appendix 5



Government of South Australia  
SA Health

Country Health SA Local Health Network  
Inner North Country Health Services

21 Hutchinson Road  
Gawler East SA

Postal Address:  
PO Box 196  
Gawler SA 5118

Tel 8521 2000  
Fax 8521 2021

ABN 96 157 660 816

[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

Professor Alison Kitson  
School of Nursing  
The University of Adelaide  
South Australia 5005

Dear Alison,

I am writing this letter to support Sharon Mewett in the research ethics approval process and that we are happy to support Sharon with the proposed research provided that the following local procedures are followed:

Any research being undertaken at INCHS that involves patients, clients or staff will have been

- Developed in accordance with NHMRC guidelines
- Approved by the relevant Ethics Committee of the University School of Medicine, Nursing or Health sciences, and/or SA Health Ethics of Human Research committee
- Recommended to Executive by the relevant Clinical Committee where patients and community clients are involved. The proposal may need to be forwarded to more than one committee for approval.
- Approval by INCHS Executive committee

Please contact me if you require any further information


Yours sincerely,

Gerry Lloyd  
Director of Nursing & Midwifery

COPY

Cc: Sharon Mewett  
Personnel file

30th October 2012

 <b>Government of South Australia</b> SA Health	<b>Country Health SA Hospital Inc</b> Inner North Country Health Services
	<b>SUPPORT PROCEDURE</b>
Doc Ref No. S01_Pr005	<b>CLINICAL RESEARCH ETHICAL APPROVAL</b>

**1. Introduction**

Inner North Country Health Services (INCHS) will be guided by the National Health and Medical Research Council (NHMRC) guidelines, SA Health and professional practice standards, ensuring that sound research ethical practice is upheld.

Inner North Country Health Services do not initiate research and on occasion participate in appropriate research which has the ethics approval of the initiating organisation including the university sector.

**2. Objectives**

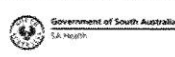
- 2.1 Any research being undertaken at INCHS that involves patients, clients or staff will have been
- developed in accordance with NHMRC guidelines
  - approved by the relevant Ethics Committee of the University School of Medicine, Nursing or Health Sciences, and/or the relevant approving authority of the parent hospital auspicing the research and/or SA Health Ethics of Human Research committee
  - recommended to Executive by the relevant Clinical Committee where patients and community clients are involved. The proposal may need to be forwarded to more than one committee for approval.
  - approved by INCHS Executive Committee.
- 2.2 Documented ethical approval and participant informed consent will be held by the person conducting the research and be made available to relevant Executive members upon request.


**3. Outcome Standards**

- 3.1 All research undertaken at INCHS has received documented ethical approval.
- 3.2 The documented approval contains clear procedures for obtaining the consent of participants in the research

**4. Procedure**

- 4.1 Early involvement of relevant manager or INCHS Director in all ethical research issues requiring resolution and/or support
- 4.2 Time line to be developed detailing process through:
- Clinical Committee(s); Parent Committee (e.g. MEAC, Nursing/Midwifery Leadership, Community Services); INCHS Executive Committee;
  - University Ethics Committee – course constraints
  - SA Health Ethics of Human Research committee
- 4.3 Formal documentation provided to relevant committee(s)

No	S01_Pr005	Date of Issue	Sept-11	
Location:	\\Dhgsf02\country_Clusters\INCHS\6.0 PUBLIC AREA\GOVERNANCE\Operational Policy & Procedure\INCHS Procedures\SUPPORT\Clinical Research Ethical Approval_V1.doc	Last Review Date	Aug-14	
Version No.	1	Next Review Date		
		Page	1 of 3	

 <b>Government of South Australia</b> SA Health	<b>Country Health SA Hospital Inc</b> Inner North Country Health Services
	<b>SUPPORT PROCEDURE</b>
Doc Ref No. S01_Pr005	<b>CLINICAL RESEARCH ETHICAL APPROVAL</b>

- 4.4 Committee(s) assess proposal and provide a recommendation to INCHS Executive Committee
- 4.5 INCHS Executive Committee considers recommendation and provides formal approval.
- 4.6 Outcome of approval process is communicated by relevant Executive member.

**5. Roles and Responsibilities**

- 5.1 INCHS Director will:
  - Approve all research/ethical issues following recommendation from the INCHS Executive Committee
- 5.2 INCHS Executive Member will:
  - Review the proposal, ensuring all approvals are met
  - Coordinate process, including regular communication
  - Oversee ethical research issues in area of control
- 5.3 Clinical Committee(s) will:
  - Review of proposal and recommendation to Executive
- 5.4 Staff member / Researcher will:
  - Develop the appropriate research proposal

**6. Dissemination**

Inner North Country Health Services will ensure this procedure is available to all employees by ensuring it is delivered in a format, language and style relevant to the needs of their employees.


**7. Review**


This procedure will be kept under review and revised as necessary to keep up to date with legislative or organisational change and to ensure quality improvement, at least on a triennial basis.

This procedure is reviewed by the INCHS Executive Committee.

**8. Associated Documents**

Name	Document Number
National Health and Medical Research Council (NHMRC) guidelines and professional practice standards	
Health and medical research in South Australia	<a href="http://www.sahealth.sa.gov.au">www.sahealth.sa.gov.au</a>

No.	S01_Pr005	Date of Issue	Sept-11	 Government of South Australia SA Health
Location:	\\Dhgsf02\country1_Clusters\INCHS\6.0 PUBLIC AREA\GOVERNANCE\Operational Policy & Procedure\INCHS Procedures\SUPPORT\Clinical Research Ethical Approval_V1.doc	Last Review Date	Aug-14	
Version No.	1	Next Review Date		
		Page	2 of 3	

 <b>Government of South Australia</b> SA Health	<b>Country Health SA Hospital Inc</b> Inner North Country Health Services
	<b>SUPPORT PROCEDURE</b>
Doc Ref No. S01_Pr005	<b>CLINICAL RESEARCH ETHICAL APPROVAL</b>

**9. Approval**


Signature	
Name	Debbie Martin
Position	<b>Director, Inner North Country Health Services</b>
Date	07 September 2011

**10. Change History**

Version No. 1	Doc Ref No: <b>S01_Pr005</b>	Effective on: <b>07/09/2011</b>	Effective to: <b>06/09/2014</b>
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Changes

Version Number	Effective On	Effective to	Changes ( e.g. legislative, work practice etc)

No.	S01_Pr005	Date of Issue	Sept-11	 Government of South Australia 13 1052470
Location:	\\Dhgsf02\country_Clusters\INCHS\6.0 PUBLIC AREA\GOVERNANCE\Operational Policy & Procedure\INCHS Procedures\SUPPORT\Clinical Research Ethical Approval_V1.doc	Last Review Date	Aug-14	
Version No.	1.	Next Review Date		
		Page	3 of 3	

## Appendix 6

### Participant Questions

Q1. How did you first become interested in perioperative nursing?

Prompts: If you experienced the area as a student, what things influenced your decision to work in theatre?  
Can you describe your experiences when you started in theatre?  
How was the orientation you received useful/adequate?  
If you had a preceptor, can you tell me how this worked for you?  
In what ways did you feel well supported, or why did you not feel supported?

Q2. Can you tell me what events shaped your experiences when you began working in the perioperative area?

Prompts: What things happened that may have enhanced or tainted your experience as a novice perioperative nurse?

Q3. What do you believe is the essence of being a perioperative nurse?

Prompts: What makes us different / special?  
What qualities do we value as perioperative nurses?

Q4. How have your initial perioperative experiences influenced / encouraged you to stay in the field of perioperative nursing?

Prompts: Why?  
In what ways are you satisfied with your choice of career?  
Have you achieved what you wanted to?

Q5. What effect did your initial experiences have on the overall length of time you have been employed in the area?

Q6. If you could begin again as a novice in theatre what would you change?

Prompts: What do you think would have made your experience better?

Q7. How do you handle stress / crisis in this environment when a situation goes badly? And what do you think could help you improve this?

Q8. If you see a need for change in practice, how do you go about it?

Q9. Where do you see yourself working in 2 years? What factors contribute to this view?

## Appendix 7

Table 2 Participant Comments

Participant Comment Example	Sub--themes	Cluster Themes	Themes
"a bad thing was the attitudes of some of the staff"(participant 3)	Lack of support	Dissatisfaction	Intent to resign
"Orientation was non-existent"(participant 4)	Lack of confidence	Lack of interest	
"I did not feel well supported by my supervisor"(participant 4)	Lack of Education	Lack of passion	
"I was dropped in the deep end"(participant 5)	Lack of knowledge		
"I handled it really poorly, because I think people ate me alive and spat me out" (participant 4)	Attitude of self		
"Surgeons over the years being very sarcastic or telling me off" (participant 2)	Attitude of others		
"Management doesn't seem to want to know anything about it" (participant 8)	Frustration		
"There is a chain of command, you just can't change things" (participant 7)	Loss of control		
"I'm not sure if I am satisfied with my choice in career yet" (participant 3)	Indecision		
"I had a very positive experience. I had a very good group of teachers"(participant 8)	Self-investment	Desire to remain	Retention
"I have got enough skill and knowledge now to not feel so scared"(participant 7)	Confidence	Commitment	
"I wanted to know more" (participant 1)	Knowledge	Responsibility	
"Like any job, you can make it as you want it to be" (participant 1)	Self-determination	Ownership	
"I did a lot of reading and research to learn a bit more about it" (participant 2)	Choice	Passion	
"Communication does make a difference" (participant 3)	Communication		

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