Introduction - Since the removal of perioperative nursing from the core undergraduate curriculum questions have been raised regarding the acquisition of pre and post-operative surgical knowledge including patient education, pre and postoperative care, asepsis and pain management.

Identification of the problem - The practice of providing adequate postoperative pain relief continues to be inadequate \(^1\) and clinical studies reveal that the under treatment of pain is recognized as a significant health care problem \(^3\). Unfortunately even after multiple acute pain management guidelines that provide strong and clear recommendations for treating acute pain \(^8\), post-operative pain continues to be undermanaged \(^2\) and remains suboptimal \(^1\). Following research into the conditions that influence nurses’ decisions to adopt evidence based pain management practices, Carlson suggested that further exploration was required into the large unexplained variance in postoperative pain assessment.

Purpose of the study - This research explored the correlation between guided operating suite (OR and PACU) experience and the acquisition of pre and post-operative surgical nursing skills and knowledge.

Method - Methodology for this doctoral research was a triangulated design. Qualitative data was collected from across Australia investigating undergraduate nursing students’ comment about their time in the operating suite or lack there of; transferable skills learned in the operating suite that may assist them in surgical nursing, and their attitudes towards possible future employment in the operating suite. Quantitative data was collected concurrently from students who participated in differing models of perioperative education. Knowledge testing was undertaken on areas surrounding pre and postoperative surgical ward nursing (including pain management). Participants’ results were compared to the model of operating suite education the students’ had participated in to determine if there was a correlation between their operating suite education and students’ knowledge of surgical ward nursing.

Results - Qualitative findings revealed that most resounding transferable skill learned during operating suite experience surrounded postoperative pain management. Participants reported seeing surgery gave both an understanding of ‘why the patients had pain’ & ‘what the patient went thought’ equating to empathy. Several quantitative analyses were undertaken including t-test, ANOVA, Tukey (HSD), Kruskal-Wallis, Mann-Whitney and linear regression model. t-test analysis revealed that participants who had been involved in guided operating suite experience achieved a higher score on surgical ward nursing knowledge than students with non-guided experience. ANOVA comparing the components of perioperative education revealed that the groups that achieved the three highest mean scores had participants from guided practical operating suite experience \(F=5.532, p < 0.01\).

Discussion & Conclusion - Could a missing variable be that until nurses see surgery they do not have an appreciation or empathy for postoperative pain management? This research has shown value in observing the surgical process in providing nurses with pain management assessment and skills. One of the recommendations of the research is to provide all nurses...
working in pre and postoperative surgical areas the opportunity to observe modern surgery (including major laparoscopic surgery) to provide an insight into the entire patient journey and understanding of ‘what the patient goes through’.

References


