Education and Working Experience in Perioperative Nursing

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Abstract. The effect of surgery can be maximized when the nursing team is comprehensively performed. Perioperative nursing requires more skills to achieve the maximum effect, that is, the correct operation of the surgical process. And there are no side effects and duration. Work is the main supporting factor. The purpose of this study is to examine the role of skill level and working hours in providing perioperative care. This study is a cross-sectional descriptive study of 34 surgical nurses and postoperative nurses in Sorong Regensi Hospital using continuous samples. The research is a questionnaire contained 21 questions and an observation form. The statistical test uses the chi-square test. The statistical test showed that the p-values were 0.961 and 0.676, respectively. This study shows that there is no correlation between education and work experience in postoperative care

1. Introduction

A hospital is a holistic health organization that can help patients improve their health and achieve the best physical, psychological and social rehabilitation, including services before, during and after surgery [1]. In 2012, 1.2 million operations were performed globally and 18% were performed in Indonesia in 2012 [2][3]. The perioperative nurse is responsible for the care of the surgical patient; therefore, the adoption of Evidence-based practice is essential for setting standards of patient care and promoting good patient prognosis. The combination of evidence-based skills in perioperative care is essential [4], [5]. This can be influenced by the level of education and work experience. find the latest literature on nursing interventions and combined with work experience implementing appropriately in the surgical environment [6], [7]

2. Methodology

This study is a cross-sectional approach, selected by OR and postoperative nurses for this study. Up to 34 participants were selected using a sequential sampling method, and the demographic questionnaire was used as a research tool. A questionnaire containing 21 closed applications and a perioperative nursing implementation observation form; data were collected through interviews and observations; at the beginning of the meeting, an interview was conducted, and then the implementation of care was evaluated. Data analysis with frequency distribution and number square. The study was conducted by the Health Polytechnic of Sorong Research Department Ethics Committee. Number: DM.1/ 1.2/046/2019.

3. Result and Discussion

As many as 34 nurses participated in this research. All the nurse working in operating room and recovery room. As 85.2% of 26 to 45-year-old respondents and women who have been to the operating room and recovery room, 73.5% or more of these nurses have a nursing diploma and have experience more than 3 years (86.%) in the operating room and recovery room (Table 1).

Table 1. Sociodemographic of Respondent (n = 34)

Respondents	n	%
Age		
<25	2	5.9
25 – 45	29	85.2
>45	3	8.9
Sex		
Male	7	14.7
Female	27	85.3
Level of education		
Nursing Diploma	25	73.4
Bachelor of nursing	1	2.9
Registered nurse	8	23.6
Working experience (years)		
< 3	5	13.8
> 3	29	86.2

Table 2 Skill In Perioperative Nursing Care

Skill in Post Operative Nursing Care	n	%
Excellent	31	88.1
Good	2	8.9
Less	1	2.9

Table 2 shows that as many as 88.1% of respondents had excellent skill in post-operative nursing care, but 2.9% had less skill in post-operative nursing care.

Table 3 Chi-Square Analysis For Correlation Of Education Background And Skill

Education level	Skill						Total	
	Less		Good		Excellent			
	n	%	n	%	n	%	n	%
Nursing Diploma	1	4	2	8	22	88	25	100
Bachelor of nursing	0	0	0	0	1	100	1	100
Registered nurse	0	0	1	12.5	7	87.5	8	100
Total	1	2.9	3	8.8	30	88.2	34	100
p-value							0.961	

According to Table 3, it is found that compared with registered (87.5%) and nursing diploma (88%), the performance rate of nursing implementation is 100%. Chi-square test result *p-value* 0.961>0.05, indicating that nursing training level and **Skill in Post-Operative Nursing Care** have no correlation.

Tabel 4 Chi-Square Analysis Of The Correlation Between Working Experience And Skill

Experience	Skill							
	Less		Good		Excellent		Total	
	n	%	n	%	n	%	n	%
≤ 3	0	0	0	0	5	100	5	100
> 3	1	3.4	3	10.3	25	86.2	29	100
Total	1	2.9	3	8.8	30	88.2	34	100
p. Value								0.676

According to Table 4, compared with those who have worked for more than 3 years, those who have worked for less than 3 years have 100% good postoperative care skills, which is only 86.2. The chi-square test score shows p = 0.677>0.05, indicating that work experience does not affect postoperative nursing skills

The effectiveness of today's surgical services requires all parties to work together to ensure the smooth progress of surgery and postoperative care, which is an indicator of adverse events. ([8]. Healthcare providers need to provide substantial care to a growing population, but often limit their wealth[9]. Experience, education and training will greatly affect the number of services. Every medical staff in the hospital, especially the perioperative nursing team, is crowded with people every time and needs to adapt to technological progress and fast pace.

For most patients, surgery is a major stress event. Because they believe that life is a matter of life and death, and the medical and nursing teams have the responsibility to protect their lives and prevent exposure, patient safety is of paramount importance to the perioperative team ([10]-[11]. The perioperative care was described before hospitalization, before anaesthesia, during the operation (during anaesthesia and the start of the operation, and now or in the postoperative care area before the relevant personnel return to the ward). However, nurses are constantly updated at all stages of perioperative care and can perform many functions, including postoperative care, preoperative care, intraoperative care, and anaesthesia [12].

In the care group that provides perioperative care and has high reliability in identifying care-related factors and problems of people affected throughout the period. Nursing staff must ensure that they have the inspiration to improve health care [13]. The reasons for the cost-effectiveness of perioperative care is type of surgery, ASA score, patient age, and gender. Elderly patients, especially women, are more likely to prolong treatment time due to failed surgery.

It may also be because elderly patients no longer have the energy and knowledge to be aware of general medical care in addition to continuous emotional guidance and motivation. In addition, they may require additional care during and after the operation [14]. So nurses must have sufficient knowledge and experience to be able to best intervene according to the needs of the patient. In our research, we found that academic qualifications and work experience do not guarantee a good development of perioperative care nursing.

4. Conclusion

This study did not find an association between education level and postoperative work experience. The further research will reveal other factors among socio-demographics and other factors.

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