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The attitude of employees in perioperative nursing to training new employees in the workplace: an example of one organization

Odnos zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu: primer ene organizacije

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Ključne besede: ocena usposobljenosti; razvoj poklicnih kompetenc; profesionalni odnos; prenos znanja; situacijsko učenje; učenje na delovnem mestu

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ABSTRACT

Introduction: There has been little research on systematic training of new employees in perioperative nursing. The aim of the present study was to establish whether the attitude of the employees in perioperative nursing towards the training of new employees in the workplace is connected to their education in perioperative nursing, workload, work competence or attitude of new employees in perioperative nursing.

Methods: A quantitative exploratory research was performed in March 2017 and data was collected by means of a structured survey questionnaire. Perioperative nursing staff working in a selected Slovenian hospital's operating theatres, who are trained well enough to work independently ($n = 69$) and have at least one year of working experience, were questioned to obtain a purposive sample. Descriptive statistics, the Pearson correlation coefficient and factor analysis are shown.

Results: Employees in perioperative nursing gladly transmit their knowledge and experience ($\bar{x} = 4.79$), growing professionally as they do so ($\bar{x} = 4.63$). They see the training of new employees as their personal challenge ($\bar{x} = 4.17$). The knowledge of the respondents was shown to be a factor that is marginally positively associated ($r = 0.278$, $p = 0.021$) with the attitude to training new employees in the workplace. The training that experienced employees in perioperative nursing have received, their competencies, workload, and their opinion of the work of the new employees, are not connected to the attitudes they possess when training these new employees in the workplace.

Discussion and conclusion: The study indicates the need to establish defined criteria relating to the employment of candidates, and may contribute toward the future design of a systematic training course in perioperative nursing.

IZVLEČEK

Uvod: Sistematično usposabljanje novozaposlenih v operacijski zdravstveni negi je malo raziskano. Na primeru ene zdravstvene organizacije je bil cilj ugotoviti, ali je odnos zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu povezan z njihovim izobraževanjem iz operacijske zdravstvene nege, obremenjenostjo in usposobljenostjo za delo ter z odnosom novozaposlenih do dela v operacijski zdravstveni negi.

Metode: Kvantitativna eksplorativna raziskava je bila izvedena marca 2017, podatki so bili zbrani s strukturiranim vprašalnikom. V namenski vzorec so bili vključeni zaposleni v operacijski zdravstveni negi v operacijskem bloku ene izmed slovenskih bolnišnic, ki so usposobljeni za samostojno delo ($n = 69$) in so imeli na tem delovnem mestu vsaj eno leto izkušenj. Za obdelavo podatkov so bili uporabljeni opisna statistika, Pearsonov koeficient korelacije in faktorska analiza.

Rezultati: Zaposleni v operacijski zdravstveni negi svoje znanje in izkušnje z veseljem predajajo ($\bar{x} = 4,79$) ter pri tem profesionalno rastejo ($\bar{x} = 4,63$), usposabljanje novozaposlenih na delovnem mestu jim predstavlja izziv ($\bar{x} = 4,17$). Znanje anketirancev se je pokazalo kot dejavnik, ki je šibko in pozitivno povezan ($r = 0,278$, $p = 0,021$) z odnosom do usposabljanja novozaposlenih na delovnem mestu. Izobraževanje zaposlenih v operacijski zdravstveni negi, njihova usposobljenost za delo in obremenjenost na delovnem mestu ter odnos novozaposlenih do dela v operacijski zdravstveni negi niso povezani z odnosom zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih.

Diskusija in zaključek: Raziskava kaže na nujnost opredelitve kriterijev za zaposlitev kandidatov in lahko pripomore k definiranju sistematičnega izobraževanja novozaposlenih v operativni dejavnosti.

Introduction

Traditional systems of training future nurses are not suitable for the present and future needs in this area, so a new training system based on scientific methods should be developed (Granger, et al., 2011). In a complex environment, employees in perioperative nursing must have considerable knowledge and all-encompassing skills that they rarely acquire in a formal educational setting (Mitchell & Flin, 2008; Miller, 2014). Due to the aging population, increase of chronic diseases (Marsh, 2015) and shorter waiting periods, the pressure regarding time efficiency in operating theatres is constantly increasing. Moreover, employees in perioperative nursing face understaffing issues and various new work roles, which often makes them over-worked.

A didactically effective and clinically directed educational programme could contribute to a more efficient education programme in this area (Martin, 2011). Such an educational system should meet the needs of a perioperative environment and lower fluctuations of health care workers in perioperative nursing (Marsh, 2015). Martin (2011) raises awareness of the fact that all employees in perioperative nursing are not suitable as mentors despite having suitable professional qualifications for their jobs. Harvey (2012) defines mentorship as a complex process that requires responsible mentors who are aware that they are educating future generations of experts in nursing. Skela-Savič and Kiger (2015) think that mentors should be properly trained, taught to have a positive attitude towards mentorship and be introduced to all the necessary procedures that would secure a suitable quality of mentorship. Skela-Savič (2014) also draws attention to the fact that nursing is expected to take on new roles and face more challenging work tasks.

Researchers have found that mentorship is mostly hindered by insufficient support of the leadership and other members of the health care team in an institution (Kulaš, 2013; Čuk, 2014; Novak & Založnik, 2015; Žerdoner, 2015) along with the heavy workload (Kulaš, 2013; Čuk, 2014; Foran, 2015; Žerdoner, 2015). Čuk (2014) warns about the staff not having enough qualifications to act as mentors, while Novak and Založnik (2015) state that nurses who have completed a Bachelor of Nursing Degree feel that they are qualified enough and that they have sufficient theoretical and practical knowledge to act as mentors.

In perioperational nursing there is no systematic training of new employees. According to Marsh (2015), the surgical environment is dynamic, involves advanced technology and is therefore full of unpredictable situations that can only be managed if the employees have complex knowledge of the subject. It is often the case that new employees are not qualified enough for this. From the point of view of safer health care and ethics it would be better to work in an experienced

health care team and in a work environment where knowledge would not be transferred directly when providing nursing care to a patient.

Aims and objectives

The purpose of the study was to establish the attitude of employees in perioperative nursing towards training new employees in the workplace. The objectives were to define the factors that represent an obstacle in the training of new employees in the workplace. Based on this, the following hypotheses were made:

H1: The employees in perioperative nursing that regularly undertake professional development in their professional field have a positive attitude towards the training of new employees in the workplace.

H2: The attitude of employees in perioperative nursing to training employees in the workplace is connected to work overload of the employees in perioperative nursing.

H3: The competencies of the employees in perioperative nursing are connected to their attitude towards training new employees in the workplace.

H4: The attitude of the employees in perioperative nursing to training new employees in the workplace is connected to the attitude of new employees to perioperative nursing.

Methods

A quantitative explorative research was conducted.

Description of the research instrument

A structured questionnaire was used for data collection, that we designed for this purpose especially. The basis for designing a questionnaire was literature review (Kulaš, 2013; Novak & Založnik, 2015; Žerdoner, 2015) with a few questions written especially for the purposes of this research project. The questionnaire contained 3 closed-ended questions relating to different topics.

In the first two sets the respondents expressed their opinions by means of the following Opinion Scale/ Likert Questions: 1 – Strongly Disagree; 2 – Disagree; 3 – Neither Agree nor Disagree; 4 – Agree; 5 – Strongly Agree. The first set of questions defined the knowledge and qualifications of the employees in perioperative nursing, their satisfaction at work and their attitude to training new employees in the workplace. This set contained 24 questions. The other set of questions defined the factors that have an effect on the efficiency of training new employees in the workplace. This set that describes in great detail the role of the leadership, the workload, and the knowledge and attitude of new employees in perioperative nursing, contained 23 questions.

Table 1: *Variables formed by a factor analysis and the value of the Cronbach alpha coefficient*
 Tabela 1: *Spremenljivke, oblikovane s faktorsko analizo, s pripadajočimi vrednostmi koeficienta Cronbach alfa*

<i>Subassembly of the questionnaire/Podsklop vprašalnika</i>	<i>Cronbach alpha coefficient value for subassembly/Koeficient Cronbach alfa za podsklop</i>	<i>Cronbach alpha coefficient value for a single factor/Koeficient Cronbach alfa za posamezen faktor</i>	<i>Factor/Faktor</i>
Training of new employees in the workplace	0.728	0.728	F1
Knowledge and competencies of employees in perioperative nursing	0.629	0.717	F2
		0.279	F3
Job satisfaction	0.825	0.865	F4
		0.815	F5
Role of the leadership	0.908	0.908	F6
		0.683	F7
Workload	0.684	0.634	F8
		0.823	F9
Knowledge and attitude of new employees in the workplace	0.823	0.823	F9

Legend/Legenda: F1 – training of new employees in the workplace/usposabljanje novozaposlenih na delovnem mestu; F2 – knowledge of employees in perioperative nursing/znanje zaposlenih v operacijski zdravstveni negi; F3 – competencies of employees in perioperative nursing/usposobljenost zaposlenih v operacijski zdravstveni negi; F4 – overall job satisfaction/splošno zadovoljstvo na delovnem mestu; F5 – additional capabilities in the workplace/dodatne zmožnosti na delovnem mestu; F6 – role of the leadership/vloga vodstva; F7 – time workload at the workplace/časovna obremenjenost na delovnem mestu; F8 – workload in the operating theatre/delovna obremenjenost v operacijski dvorani; F9 – knowledge and attitude of new employees in the workplace/znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi

The third set of questions defined demographic data and characteristics of the profession of a perioperative nurse. In this set, data was collected on the basis of 16 questions. We focused on the basic demographic data (age, years of employment, education in the field and outside nursing) and types of work that perioperative nurses engaged in. We were also interested in training and participation in the Professional group of nurses and health technicians in surgery at the Nurses and Midwives Association of Slovenia or other professional association in the last five years. The respondents answered the questions with 'Yes' or 'No'. The respondents also rated job satisfaction, their competencies to work in perioperative nursing and for training new employees in the workplace on the scale from 1 to 5 (1 – Unsatisfactory; 2 – Satisfactory; 3 – Good; 4 – Very Good; 5 – Excellent). The employees in perioperative nursing also expressed their opinions as to how often they trained new employees in the workplace, and if, while acting as mentors to new employees they worked fewer hours as perioperative nurses and whether they were paid for the mentorship. We were also interested in their opinion regarding the knowledge and significance of the criteria for selecting the candidates to work in perioperative nursing. The respondents answered the last four questions with 'Yes' or 'No'.

We measured the internal consistency of the

questionnaire by calculating Cronbach's alpha, taking the recommended values from authors Tavakol and Dennick (2011). The value of the Cronbach alpha for the first and second set was 0.839, which showed a good reliability of the questionnaire (Tavakol & Dennick, 2011). To decrease the large number of questions we used a factor analysis using the method of principle components. For a clearer structure of questions, varimax rotation was used. For each subassembly of the questionnaire we designed new variables/components (Table 1) whereby we followed the basic rules of the result: a good component explains at least 60 % of the whole variance: the variables in the component are inter-related; the component is of at least acceptable reliability or the value of the Cronbach alpha coefficient is higher than 0.60 (Field, 2009). Such new variables/components were used for testing the hypotheses.

Description of the research sample

We used a census representing all the employees in perioperative nursing in the studied health care organization. It included all those employees in perioperative nursing that had had at least one year of experience in this workplace. The questionnaire was distributed to 93 employees. We received 69 (74.19 %)

completed questionnaires. The average age of the respondents was 40.4 years ($s = 9.336$), the youngest was 26 years and the oldest was 62 years. Their average years of employment totalled 17.9 years ($s = 10.412$), the least was two years and the most was 39 years. The respondents' average years of employment in the current job position was 14.8 years ($s = 9.411$), at least was one year and the most was 39 years. Three respondents (4 %) did not answer this question. In terms of the education level the following health care workers participated in the study: 3 (4.3 %) nurses with completed secondary school for nursing, 12 (17.4 %) nurses with completed college education, 49 (71 %) nurses with a Bachelor of Nursing Degree and 4 (5.8 %) with a Master's Degree in Nursing. Five (7.2 %) respondents also had university qualifications earned before the Bologna model of education in a field other than nursing. In the last five years (since 2012) 50.7 % ($n = 35$) respondents participated in training quality and safety in nursing training, 7.2 % ($n = 5$) in research in nursing, 50.7 % ($n = 35$) in ethics in nursing, 11.6 % ($n = 8$) in topics related to mentorship in nursing and 72.5 % ($n = 50$) in perioperative nursing. Two respondents did not answer the question regarding the attendance at training sessions. All the respondents work in the morning shift ($n = 69$), 55 (79.7 %) in the afternoon shift, 56 (81.25 %) in emergency, 34 (49.35 %) were on call for transplants and 36 (52.2 %) in the additional operative programme.

Description of the research procedure and data analysis

An anonymous volunteer research was conducted after obtaining a written consent from the Group for research in nursing and midwifery in the studied health care institution. The survey was conducted from 9 to 20 March 2017. The questionnaires were distributed in operating theatres and due to a long absence from work 8.6 % of a total of 93 respondents were sent the questionnaire by post to their permanent addresses. The respondents returned the completed questionnaires in a closed, blank envelope to a box in

the administration office of the operating theatre.

Descriptive statistics was used to provide a general overview of the analysed data, whereby the mean values, standard deviation, frequencies and percentages were calculated. The mean values and standard deviation were calculated with the data about the age of the respondents and at the grades for job satisfaction. The frequencies and percentages were calculated with the data on the type of work of the respondents, education level, type of education, evaluation of the capacities for working in perioperative nursing, evaluation of capacities for training new employees in the workplace, and knowledge and evaluation of the significance of the criteria for employment in perioperative nursing. To determine a lower number of linear combinations of measured variables, the principle components with varimax rotation method was used in factor analysis. The data was analysed using the SPSS ver. 21.0 programme (SPSS Inc., Chicago, IL, USA). For data processing we used descriptive statistics, Pearson correlation coefficient and factor analysis. We considered statistical difference at value 0.05.

Results

Five (7.2 %) respondents train new employees in the workplace every day, 17.4 % ($n = 12$) a few times a week, 30.4 % ($n = 21$) a few times a month, 26.1 % ($n = 18$) a few times a year, 18.8 % ($n = 13$) of the respondents do not train new employees in the workplace at all. 3 (4.3 %) respondents said they worked less time in their job position whilst training new employees in the workplace, with 65 (94.2 %) respondents both roles intertwine in the workplace and one respondent did not answer the question. 5 (7.2 %) respondents were compensated for providing training to new employees in the workplace, 62 (89.9 %) were not compensated and 2 respondents did not answer this question.

During the last five years (since 2012), 20.6 % ($n = 14$) respondents have been actively involved with the Professional group of nurses and health technicians in surgery at the Nurses and Midwives Association of Slovenia or some other professional association. One

Table 2: *Training new employees in the workplace*

Tabela 2: *Usposabljanje novozaposlenih na delovnem mestu*

<i>Statements/Trditve</i>	<i>n</i>	\bar{x}	<i>s</i>	<i>FI</i>
All employees in perioperative nursing must transfer our knowledge.	69	4.60	0.878	0.731
I am pleased to share my knowledge and experience.	69	4.79	0.472	0.801
In sharing my knowledge and information I grow professionally.	69	4.63	0.617	0.881
Training of new employees in the workplace is a challenge for me.	68	4.17	0.945	0.686
Training new employees in the workplace burdens me.	67	2.68	1.221	/
When I started working as a perioperative nurse, I had the support of my older colleagues.	69	3.81	0.974	/

Legend/Legenda: n – number/število; \bar{x} – average/povprečje; s – standard deviation/standardni odklon; FI – training new employees in the workplace/usposabljanje novozaposlenih na delovnem mestu

respondent did not answer the question relating to nursing associations. The respondents evaluated their job satisfaction with an average grade of 3.3 ($s = 0.827$), their capacities for working in perioperative nursing with 4.3 ($s = 0.620$) and their capacity for training new employees in the workplace with 3.52 ($s = 0.867$).

5.85 % ($n = 4$) of respondents answered the question on whether they were aware of any other criteria used in the selection of the candidates for work in perioperative nursing in addition to relevant education and completed medical examination with 'Yes', while 94.2 % ($n = 65$) answered 'No'. Setting additional criteria

for selecting the candidates for work in perioperative nursing seems important to 65 (95.6 %) respondents, to 3 (4.4 %) it does not seem important, and one respondent did not answer this questions.

The attitude of employees in perioperative nursing towards training new employees in the workplace and to the knowledge and skills of the employees in perioperative nursing is shown in Tables 2 and 3.

The answers to the questions related to work overload in the workplace and on the knowledge and attitude of new employees towards work in perioperative nursing are shown in Tables 4 and 5.

Table 3: *Knowledge and skills of employees in perioperative nursing*

Tabela 3: *Znanje in usposobljenost zaposlenih v operacijski zdravstveni negi*

<i>Statements/Trditve</i>	<i>n</i>	\bar{x}	<i>s</i>	<i>F2</i>	<i>F3</i>
I have enough knowledge to work in my professional field.	69	4.27	0.764	0.727	0.217
My training in the workplace included training in all areas of surgery.	69	3.10	1.250	0.342	0.688
I follow research studies published in the field of perioperative nursing.	69	3.52	0.933	/	/
I have enough practical knowledge to train new employees in the workplace.	69	4.01	0.757	0.895	0.136
I have enough theoretical knowledge to train new employees in the workplace.	69	3.85	0.827	0.765	0.082
I have enough knowledge in teaching methodology to train new employees in the workplace.	69	3.14	1.032	0.583	-0.359
I would like to attend more training sessions in the field of training new employees.	69	4.00	0.907	/	/
Training workshops on the subject of training new employees in the workplace in perioperative nursing would contribute to more efficient training of new employees in the workplace.	69	4.57	0.774	-0.570	0.743
Employees in perioperative nursing train new employees in the workplace in a similar way.	69	3.55	0.993	/	/

Legend/Legenda: n – number/število; \bar{x} – average/povprečje; s – standard deviation/standardni odklon; F2 – knowledge of employees in perioperative nursing/znanje zaposlenih v operacijski zdravstveni negi; F3 – competence of employees in perioperative nursing/usposobljenost zaposlenih v operacijski zdravstveni negi

Table 4: *Workload in the workplace*

Tabela 4: *Obremenjenost na delovnem mestu*

<i>Statements/Trditve</i>	<i>n</i>	\bar{x}	<i>s</i>	<i>F7</i>	<i>F8</i>
Due to my work duties I cannot dedicate as much time as would be needed to training new employees in the workplace.	68	3.86	0.991	0.835	-0.079
Due to training new employees at the workplace I do not manage to complete all my work duties.	68	2.83	1.001	0.853	0.098
Training new employees in the workplace shortens the time I have for a break.	68	3.14	1.068	0.558	0.481
Training a new employee in the workplace during a perioperative procedure represents additional workload.	68	3.36	1.035	0.394	0.638
Due to training a new employee at the workplace the work in the operating theatre is slowed down.	68	2.69	0.996	0.118	0.772
Despite training a new employee at the workplace the work in the operating theatre is always smooth.	67	3.77	0.849	-0.255	0.812
During the training of a new employee the team of health care workers in the operating theatre should be larger.	68	4.01	0.954	/	/

Legend/Legenda: n – number/število; \bar{x} – average/povprečje; s – standard deviation/standardni odklon; F7 – time workload at the workplace/časovna obremenjenost na delovnem mestu; F8 – workload in the operating theatre/obremenjenost v operacijski dvorani

Table 5: *Knowledge and attitude of new employees in the workplace*
 Tabela 5: *Znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi*

<i>Statements/Trditve</i>	<i>n</i>	\bar{x}	<i>s</i>	<i>F9</i>
The level of general knowledge that new employees obtain during the course of their schooling at faculties is sufficient.	69	2.42	0.897	/
The knowledge of new employees in perioperative nursing is insufficient.	69	3.71	1.072	/
New employees follow instructions for work in perioperative nursing.	69	3.86	0.684	0.760
New employees are respectful towards the employees in perioperative nursing.	69	3.82	0.785	0.691
The new employees are motivated for acquiring new knowledge and experience.	69	3.75	0.715	0.815
New employees in perioperative nursing show initiative.	69	3.18	0.791	0.774
New employees in perioperative nursing are self-critical.	69	3.01	0.882	0.798

Legend/Legenda: n – number/število; \bar{x} – average/povprečje; s – standard deviation/standardni odklon; F9 – knowledge and attitude of new employees in the workplace/znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi

Verification of hypotheses

Hypotheses were verified with the Pearson correlation coefficient (Table 6). Hypothesis 1 was verified with two questions that point at need for additional training in perioperative nursing. With other hypotheses the connection between components of various subassemblies of questions was verified.

Hypothesis 1, The employees in perioperative nursing that regularly undertake professional development in their professional field, have a positive attitude towards the training of new employees in the workplace, was rejected. We used two factors for verifying the hypothesis and found that following research in perioperative nursing ($r = 0.211, p = 0.085$) and additional training in perioperative nursing ($r = -0.097, p = 0.435$) are not connected with a positive attitude of the employees in perioperative nursing to training of new employees in the workplace.

Hypothesis 2, The attitude of employees in perioperative nursing to training new employees in the workplace is connected to work overload of the employees in perioperative nursing, was rejected. We used two factors for verifying the hypothesis and found that time workload of the employees in perioperative nursing ($r = 0.087, p = 0.484$) and the workload in the operating theatre ($r = -0.105, p = 0.396$) are not connected to the attitude of the employees in perioperative nursing towards new employees in the workplace.

Hypothesis 3, The competencies of the employees in perioperative nursing are connected to their attitude towards training new employees in the workplace, was partially confirmed. Two factors were used for verifying the hypothesis. We found that the competencies of employees in perioperative nursing ($r = 0.032, p = 0.795$) are not connected to their attitude to training new employees in the workplace. In verifying the evaluations of knowledge of the employees in perioperative nursing we found that the attitude of the employees in perioperative nursing is statistically

significantly connected to training new employees in the workplace ($p = 0.021$). The connection is weak ($r = 0.278$), and positive, which means that the greater the knowledge of employees in perioperative nursing, the better their relationship to training new employees in the workplace is.

Hypothesis 4, The attitude of the employees in perioperative nursing to training new employees in

Tabela 6: *Correlation of employees' attitude in perioperative nursing towards training new employees in the workplace with the most relevant factors*

Table 6: *Korelacije odnosa zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu z najpomembnejšimi faktorji*

<i>Hypotheses/Hipoteze</i>	<i>Factor/Faktor</i>	<i>r</i>
H1	F1	0,211
	F2	-0,097
H2	F5	0,087
	F6	-0,105
H3	F7	0,278
	F8	0,032
H4	F9	0,058

Legend/Legenda: H1 – education/izobraževanje; H2 – workload/obremenjenost; H3 – competence/usposobljenost; H4 – attitude of new employees/odnos novozaposlenih; F1 – following research from perioperative nursing/sledenje raziskavam iz operacijske zdravstvene nege; F2 – learning in perioperative nursing/izobraževanje iz operacijske zdravstvene nege; F5 – time workload in perioperative nursing/časovna obremenjenost zaposlenih v operacijski zdravstveni negi; F6 – workload in the operating theatre/obremenjenost v operacijski dvorani; F7 – knowledge in perioperative nursing/znanje zaposlenih v operacijski zdravstveni negi; F8 – competence in perioperative nursing/usposobljenost zaposlenih v operacijski zdravstveni negi; F9 – attitude of new employees in the workplace/odnos novozaposlenih do dela v operacijski zdravstveni negi; r – Pearson correlation coefficient/Pearsonov koeficient korelacije

the workplace is connected to the attitude of new employees to perioperative nursing, was rejected. The research showed that the attitude of new employees towards work in perioperative nursing is not connected to the attitude of the employees in perioperative nursing to training new employees in the workplace ($r = 0.058, p = 0.641$).

Discussion

The research has shown that the employees in perioperative nursing in one health care institution strongly agree with the claim that they should transfer their knowledge forward. Their attitude towards the training of new employees in the workplace is positive and they are happy to transfer their knowledge and experience and thus grow professionally. This might be the result of a positive experience that they had in the past when they enjoyed support from experienced colleagues while starting their own careers in perioperative nursing. Žerdoner (2015) and Ramšak Pajk (2008) also assign a positive role to mentorship. In her research Žerdoner (2015) found that the process assists the professional development of mentors, while Ramšak Pajk (2008) is of the opinion that mentorship increases the mentors' professional loyalty, their self-consciousness, job satisfaction and contributes to their career development. A little surprising is the finding that the employees did not think training new employees in the workplace was stressful considering that in her previous research Čuk (2014) found that teaching in a clinical setting was an extra workload for the mentors. Conducting mentorship in perioperative nursing is very specific also due to the fact that at least two employees in perioperative nursing work together at all times and maybe it is precisely this fact that establishes a positive attitude towards training new employees in the workplace. The employees in perioperative nursing know from experience that in the future they will themselves depend on the skills of the employees in perioperative nursing.

From the results of other sets of our research it can be said that those included in the research do not agree that they could take on any other work duties, which is otherwise not true for undertaking more complex work challenges. This points to the fact that employees in perioperative nursing are overworked. Similarly, Kulaš (2013) and Žerdoner (2015) emphasised the workload of clinical mentors in the workplace, while Čuk and Hvala (2009) mention workload, long working hours, difficulties in performing work duties and various risks that the mentors and other health care workers are exposed to as some of the issues that occur during mentorship. Due to training a new employee in the workplace, work in the operating theatre is not disturbed nor is it slowed down. However, according to the respondents, there should be more perioperative nursing employees included in the operating theatre

working team during new employee training in the workplace. Therefore, we can conclude that the respondents are aware of the responsibility for a safe and high quality nursing care that they provide to a patient while training a new employee. Robida (2013) says that for clinical mentors it is not only the teaching of technical skills that is important, but also the knowledge on the safety of patients. During training, the employees in perioperative nursing do not burden other members of the health care team owing to their timely and professional intervention in perioperative nursing, however, they think that while training a new employee in the workplace, the perioperative nursing team should be larger, which shows that the process of training new employees during surgery, is actually an extra workload for them.

The latter is also in accordance with the following findings of our research: due to the training of new employees in the workplace perioperative nurses cannot complete all of their work duties and their break time is shorter. In addition, new perioperative nurses should be allocated as much time as they need. Also, Lorber and Donik (2009) mention that foremost a mentor should do their job nursing a patient professionally yet at the same time they are expected to transfer their knowledge and skills and dedicate enough time to mentoring. It must be emphasised that more employees in the operating theatre alone will not decrease the workload of the employees in perioperative nursing. Attention must be brought to the competencies of the staff.

Employees in perioperative nursing have ample professional knowledge as they evaluated their skills to perform the work in perioperational nursing as very high. We have found that the respondents in our research on training new employees in the workplace do not lack professional, practical or theoretical knowledge. On the other hand, employees in perioperative nursing claim that they do not have enough knowledge related to teaching to be able to train new employees in the workplace. This is no surprise as the respondents mostly attend trainings with a focus on perioperative nursing and ethics in nursing as well as quality and safety in nursing. The respondents practically receive no training relating to mentorship and research in nursing. In her research Čuk (2014) has also found that mentors do not have enough competencies and need additional knowledge of teaching methodology, while Lorber and Donik (2009) mention that mentors have a lot of practical experience, but often face a problem as to how to transfer their practical knowledge as they do not have enough knowledge in teaching methodology. The respondents would like to have more training in how to train new employees in perioperative nursing and feel that workshops on training new employees in perioperative nursing in the workplace could contribute to more efficient training of new employees

in the workplace. Considering the expressed need and will of the respondents it might prove beneficial to implement a systematic system of training that could be conducted in simulation centres (Granger, et al., 2011). In the development and implementation of the entire educational system, competent experts from educational institutions should take part.

Employees in perioperative nursing agreed that the level of knowledge that new perioperative nurses obtained during the course of their studies at faculties or higher education institutions is not sufficient and also that their knowledge on perioperative nursing is not sufficient. Moreover, in the research conducted in several Slovenian hospitals, Brdnik (2013) found that the knowledge that a nurse with a Bachelor Degree in Nursing obtained in the course of their undergraduate studies does not provide them with enough professional knowledge in perioperative nursing. Some faculties have started to introduce courses in perioperative nursing at the undergraduate level. The implementation of specialist studies in perioperative nursing taught and assessed by experts in the field would fill the void in this professional area. We should not forget that tertiary education in nursing is only limited to general health care and that specialist knowledge and competencies should be developed within post-graduate specialisations. The respondents also feel that new employees in the workplace lack self initiative and that they are not critical enough of their own work. On the other hand, the respondents think that the new employees in the workplace are motivated to acquire new knowledge and experience, and that their attitude towards the employees in perioperative nursing is respectful. They also follow the instructions for work in perioperative nursing. It might be necessary to acquire additional knowledge for identification and understanding of the specific needs of the Generation Y and then seize their advantages, especially their dedication to team work and the fact that most of them are very tech-savvy (Sherman, 2015).

In the future the opinions of the new employees in the workplace about their training in perioperative nursing should be looked into and how employees in perioperative nursing understand their competencies should be researched. Gillespie and colleagues (2009) state that the employees' knowledge, teamwork abilities, communication and coordination skills as well as handling of new situations should be considered.

We conducted a study in one institution, so the results cannot be generalised to all comparable health care institutions or work areas. The limitation of the study conducted in only one institution is that we also included employees in perioperative nursing who perform their jobs in an outpatient clinic ($n = 10$). Due to the type of surgery that they perform in this unit, the complexity of job duties and the competencies of the employees in perioperative nursing are lower.

These perioperative nurses consequently do not perform duties in transplantation procedures and in the emergency room. They also generally do not train new employees in the workplace. Attention should be brought to the value of the Pearson correlation coefficient which points only to a weak and positive connection between the attitude of the employees in perioperative nursing and the knowledge of the employees in perioperative nursing. In addition, the research is an opportunity to introduce improvements in the studied institution and points at the significance of conducting research on a representative sample of this activity in Slovenia and could contribute to a systemic organisation and definition of post-graduate studies in this field in Slovenia.

Conclusion

The process of training new employees in the workplace does generally not represent additional workload, but is a pleasure for the respondents. In direct training of new employees during surgery the team should consist of more members whereby their skills for conducting training of new employees should be considered. It would be wise to organise training courses on the topic of training new employees in the workplace, organise workshops in a simulation centre and expand training of employees in perioperative nursing. For effective training of new employees in perioperative nursing, a holistic and applicative educational programme in a clinical setting should be implemented; a systematic training course that would be based on gradual building of knowledge – from the basics in perioperative nursing to highly specific activities restricted to an individual surgical area. Experts in this area and other experts should be invited to develop a strategy of training new employees in perioperative nursing. The approach to the strategy should be scientific and should consider all the involved parties. Finally, appropriate criteria for the selection of suitable candidates for employment in such a specific health care area should be developed.

Slovenian translation/Prevod v slovenščino

Uvod

Tradicionalno zasnovani sistemi usposabljanja v zdravstvu za potrebe sedanjosti in prihodnosti niso več sprejemljivi, treba je razviti izobraževalni sistem, ki bo osnovan na znanstvenih metodah (Granger, et al., 2011). Zaposleni v operacijski zdravstveni negi morajo v tem kompleksnem okolju posedovati poglobljena znanja in vsestranske veščine, ki jih v sklopu formalnega pridobivanja znanja ne osvojijo (Mitchell & Flin, 2008; Miller, 2014). Zaradi starajoče se populacije, povečane prevalece kroničnih bolezni

(Marsh, 2015) in nenazadnje zaradi zmanjševanja čakalnih dob se pritiski glede izkoriščenosti časa v operacijskih dvoranah nenehno stopnjujejo. Zaposleni v operacijski zdravstveni negi se soočajo s kadrovskim primanjkljajem in številnimi novimi delovnimi vlogami, zaradi česar so preobremenjeni.

Didaktično učinkovit in klinično usmerjen izobraževalni program bi lahko pripomogel k učinkovitejšemu izobraževanju strokovnjakov na tem področju (Martin, 2011). Tak izobraževalni sistem bi moral zadostiti potrebam operacijskega okolja in hkrati pripomoči tudi k manjši fluktuaciji zdravstvenega kadra v tej dejavnosti (Marsh, 2015). Martin (2011) navaja, da se moramo zavedati, da vsi zaposleni v operacijski zdravstveni negi niso primerni mentorji, čeprav imajo primerno izobrazbo in so za opravljanje svojega poklica strokovno usposobljeni. Harvey (2012) mentorstvo opredeljuje kot kompleksen proces, ki od izvajalcev terja visoko stopnjo odgovornosti, temelječe tudi na zavedanju, da se v procesu mentorstva dejansko oblikujejo naslednje generacije strokovnjakov v zdravstveni negi. Skela-Savič in Kiger (2015) sta mnenja, da je za mentorje treba zagotoviti ustrezno usposabljanje, in sicer takšno, ki spodbuja pozitivno kulturo mentorstva in vzpostavlja potrebne operativne postopke za zagotavljanje njegove kakovosti. Skela-Savič (2014) opozarja še, da se od zdravstvene nege pričakuje, da bo prevzela odgovornost za nove vloge v zdravstveni obravnavi in se soočila z zahtevnejšimi oblikami dela.

Raziskovalci ugotavljajo, da mentorstvo ovirata predvsem nezadostna podpora vodstva in ostalih članov zdravstvenega tima organizacije (Kulaš, 2013; Čuk, 2014; Novak & Založnik, 2015; Žerdoner, 2015) ter obremenjenost na delovnem mestu (Kulaš, 2013; Čuk, 2014; Foran, 2015; Žerdoner, 2015). Kot moteč dejavnik je bilo izpostavljeno tudi neurejeno področje financiranja (Kulaš, 2013; Novak & Založnik, 2015; Žerdoner, 2015). Čuk (2014) opozarja na prenizko stopnjo usposobljenosti za mentorstvo, Novak in Založnik (2015) pa po drugi strani navajata, da se diplomirane medicinske sestre čutijo dovolj usposobljene ter opremljene z dovolj teoretičnega in praktičnega znanja.

V operacijski zdravstveni negi sistematičnega usposabljanja novozaposlenih ni zaznati. Kot pravi Marsh (2015), je operacijsko okolje dinamično in vključuje napredno tehnologijo, kot tako pa je polno nepredvidljivih situacij, ki jih je možno obvladati le s kompleksnim znanjem. Nemalokrat se izkaže, da so novozaposleni na delovnem mestu za slednje nezadostno usposobljeni. S stališča varne zdravstvene obravnave in etike bi bilo primerneje delati v utečenem zdravstvenem timu in v delovnem okolju, kjer se posredovanje znanja ne bi izvajalo neposredno pri zdravstveni obravnavi pacienta.

Namen in cilji

Namen raziskave je bil ugotoviti odnos zaposlenih v operacijski zdravstveni negi do usposabljanja

novozaposlenih na delovnem mestu. Cilj raziskave je bil opredeliti opredeliti dejavnike, ki proces usposabljanja novozaposlenih na delovnem mestu ovirajo. Na podlagi tega so bile postavljene naslednje hipoteze:

H1: Zaposleni v operacijski zdravstveni negi, ki se na področju operacijske zdravstvene nege dodatno izobražujejo, vzpostavljajo pozitiven odnos do usposabljanja novozaposlenih na delovnem mestu.

H2: Odnos zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu je povezan z delovno obremenjenostjo zaposlenih v operacijski zdravstveni negi.

H3: Usposobljenost zaposlenih v operacijski zdravstveni negi je povezana z njihovim odnosom do usposabljanja novozaposlenih na delovnem mestu.

H4: Odnos zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu je povezan z odnosom novozaposlenih do dela v operacijski zdravstveni negi.

Metode

Izvedena je bila kvantitativna eksplorativna raziskava.

Opis instrumenta

Za zbiranje podatkov smo uporabili strukturirani vprašalniki, ki smo ga oblikovali posebej za ta namen. Osnova za oblikovanje vprašalnika je bil pregled literature (Kulaš, 2013; Novak & Založnik, 2015; Žerdoner, 2015), nekaj vprašanj pa je bilo sestavljenih posebej za potrebe tega raziskovalnega projekta. Vprašalnik je vseboval 3 vsebinsko ločene sklope vprašanj zaprtega tipa.

V prvih dveh sklopih so se anketiranci opredeljevali po Likertovi lestvici stališč (1 – nikakor se ne strinjam; 2 – ne se strinjam; 3 – niti – niti; 4 – strinjam se; 5 – popolnoma se strinjam). Prvi sklop vprašanj je opredeljeval znanje in usposobljenost zaposlenih v operacijski zdravstveni negi, njihovo zadovoljstvo pri delu ter njihov odnos do usposabljanja novozaposlenih na delovnem mestu. Ta sklop je vseboval 24 vprašanj. Drugi sklop vprašanj je opredeljeval dejavnike, ki vplivajo na učinkovitost usposabljanja novozaposlenih na delovnem mestu. V tem sklopu, ki natančneje opisuje vlogo vodstva, obremenjenost na delovnem mestu ter znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi, je bilo postavljenih 23 vprašanj.

Tretji sklop vprašanj je opredeljeval demografske podatke in značilnosti zaposlitve v operacijski zdravstveni negi. V tem sklopu smo podatke zbirali na podlagi 16 vprašanj. Osredotočili smo se na osnovne demografske podatke (starost, delovna doba, izobrazba na področju in izven področja zdravstvene nege) in oblike dela, v katerih zaposleni na tem delovnem mestu sodelujejo. Zanimali so nas tudi podatki o

Tabela 1: *Spremenljivke, oblikovane s faktorsko analizo, s pripadajočimi vrednostmi koeficienta Cronbach alfa*
 Table 1: *Variables formed by a factor analysis and the value of the Cronbach alpha coefficient*

<i>Podsklop vprašalnika/ Subassembly of the questionnaire</i>	<i>Koeficient Cronbach alfa za podsklop/Cronbach alpha coefficient value for subassembly</i>	<i>Koeficient Cronbach alfa za posamezen faktor/Cronbach alpha coefficient value for a single factor</i>	<i>Faktor/Factor</i>
Usposabljanje novozaposlenih na delovnem mestu	0,728	0,728	F1
Znanje in usposobljenost zaposlenih v operacijski zdravstveni negi	0,629	0,717	F2
		0,279	F3
		0,865	F4
Zadovoljstvo pri delu	0,825	0,815	F5
		0,908	F6
Vloga vodstva	0,908	0,908	F6
		0,683	F7
Obremenjenost na delovnem mestu	0,684	0,634	F8
		0,823	F9
Znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi	0,823	0,823	F9

Legenda/Legend: F1 – usposabljanje novozaposlenih na delovnem mestu/training new employees in the workplace; F2 – znanje zaposlenih v operacijski zdravstveni negi/knowledge of employees in perioperative nursing; F3 – usposobljenost zaposlenih v operacijski zdravstveni negi/competence of employees in perioperative nursing; F4 – splošno zadovoljstvo na delovnem mestu/overall job satisfaction; F5 – dodatne zmožnosti na delovnem mestu/additional capabilities in the workplace; F6 – vloga vodstva/leadership role; F7 – časovna obremenjenost na delovnem mestu/time workload at the workplace; F8 – delovna obremenjenost v operacijski dvorani/workload in the operating theatre; F9 – znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi/knowledge and attitude of new employees in the workplace

izobraževanjih in aktivnem sodelovanju pri Sekciji medicinskih sester in zdravstvenih tehnikov v operativni dejavnosti, pri Zbornici zdravstvene in babiške nege Slovenije – Zvezi strokovnih društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije ali pri drugem strokovnem društvu v zadnjih petih letih. Na ta vprašanja so anketirani odgovorili pritrdilno ali nikalno. Anketirani so ocenili tudi svoje zadovoljstvo na delovnem mestu in svojo usposobljenost za opravljanje dela v operacijski zdravstveni negi ter za usposabljanje novozaposlenih na delovnem mestu, ocene so podali po lestvici od 1 do 5 (pomen: 1 – nezadostno; 2 – zadostno; 3 – dobro; 4 – prav dobro; 5 – odlično). Zaposleni v operacijski zdravstveni negi so se opredelili tudi do tega, kako pogosto usposabljaajo novozaposlene na delovnem mestu, ali so pri tem razbremenjeni aktivne vloge v delovnem procesu ter ali so za to prejeli plačilo. Zanimalo nas je tudi mnenje o poznavanju in pomembnosti kriterijev za izbor kandidatov za zaposlitev v operacijski zdravstveni negi. Na zadnja štiri vprašanja so anketiranci odgovarjali pritrdilno ali nikalno.

Preverjanje notranje konsistentnosti vprašalnika je bilo izvedeno z izračunom koeficienta Cronbach alfa, pri čemer smo priporočljive vrednosti povzeli po avtorjih Tavakol in Dennick (2011). Vrednost koeficienta Cronbach alfa za prvi in drugi vsebinski

sklop skupaj je znašala 0,839, kar je pokazalo dobro zanesljivost vprašalnika (Tavakol & Dennick, 2011). Za reduciranje velikega števila vprašanj smo uporabili faktorsko analizo z metodo glavnih komponent. Za bolj jasno strukturo vprašanj po komponentah smo uporabili rotacijo varimax. Za vsak podsklop vprašanj smo oblikovali nove spremenljivke – komponente (Tabela 1), pri čemer smo sledili osnovnim pravilom rezultata: dobra komponenta pojasnjuje vsaj 60 % celotne variance; spremenljivke v komponenti so med seboj povezane; komponenta je vsaj sprejemljive zanesljivosti oz. mora biti pri tej komponenti vrednost koeficienta Cronbach alfa večja od 0,60 (Field, 2009). Tako oblikovane nove spremenljivke – komponente – smo v nadaljevanju uporabili za preverjanje hipotez.

Opis vzorca

Uporabili smo cenzus, predstavljali so ga vsi zaposleni v operacijski zdravstveni negi v proučevani zdravstveni organizaciji. Vključeni so bili tisti zaposleni v operacijski zdravstveni negi, ki imajo na tem delovnem mestu več kot eno leto delovnih izkušenj. Vprašalnik je bil razdeljen med 93 zaposlenih. Prejeli smo 69 (74,19 %) izpolnjenih vprašalnikov. Povprečna starost anketiranih je bila 40,4 let ($s = 9,336$), najmanj 26 let in največ 62 let. Njihova povprečna skupna delovna doba

je bila 17,9 let ($s = 10,412$), najmanj dve leti in največ 39 let. Povprečna delovna doba anketiranih na trenutnem delovnem mestu je znašala 14,8 let ($s = 9,411$), najmanj eno leto in največ 39 let. Trije anketirani (4 %) se do teh vrednosti niso opredelili. V raziskavi so glede na izobrazbeno strukturo v zdravstveni negi sodelovale 3 (4,3 %) srednje medicinske sestre, 12 (17,4 %) višjih medicinskih sester, 49 (71 %) diplomiranih medicinskih sester in 4 (5,8 %) magistrice zdravstvene nege. Pet (7,2 %) anketiranih je imelo doseženo tudi izobrazbo izven zdravstvene nege, in sicer univerzitetno izobrazbo, doseženo pred uvedbo bolonjskega procesa. V zadnjih petih letih (od 2012) se je 50,7 % ($n = 35$) anketiranih udeležilo izobraževanja iz kakovosti in varnosti v zdravstveni negi, 7,2 % ($n = 5$) iz raziskovanja v zdravstveni negi, 50,7 % ($n = 35$) iz etike v zdravstveni negi, 11,6 % ($n = 8$) iz vsebin mentorstva v zdravstveni negi in 72,5 % ($n = 50$) iz vsebin operacijske zdravstvene nege. Dva anketirana se do udeležbe na izobraževanjih nista opredelila. V dopoldanski izmeni sodelujejo vsi anketirani ($n = 69$), v popoldanski izmeni 55 (79,7 %), v dežurni službi 56 (81,25 %), v pripravljenosti za transplantacijsko dejavnost 34 (49,35 %) in v dodatnem operativnem programu 36 (52,2 %) anketiranih.

Opis poteka raziskave in obdelave podatkov

Anonimno prostovoljno raziskavo smo izvedli po pridobitvi pisnega soglasja Skupine za raziskovanje v zdravstveni in babiški negi v proučevani zdravstveni organizaciji. Anketiranje je potekalo od 9. do 20. marca 2017. Vprašalnike smo razdelili po operacijskih dvoranah operacijskega bloka, zaradi daljše odsotnosti na delovnem mestu smo 8,6 % izmed 93 vključenih v raziskavo vprašalnik poslali po pošti na naslov njihovega stalnega prebivališča. Izpolnjene vprašalnike so anketiranci v zaprti, neoznačeni kuverti vračali v zbirno škatlo v tajništvu operacijskega bloka.

Za splošni pregled analiziranih podatkov smo uporabili opisno statistiko, pri čemer smo izračunali srednje vrednosti, standardni odklon, frekvence in

odstotke. Srednje vrednosti in standardni odklon smo izračunali pri podatkih o starosti anketiranih in pri ocenah njihovega zadovoljstva na delovnem mestu, frekvence in odstotke smo izračunali pri podatkih o oblikah dela anketiranih, stopnji izobrazbe, vrsti izobraževanj, oceni usposobljenosti za opravljanje dela v operacijski zdravstveni negi, oceni usposobljenosti za usposabljanje novozaposlenih na delovnem mestu in pogostosti usposabljanja ter poznavanju in oceni pomembnosti kriterijev za zaposlitev v operacijski zdravstveni negi. Za določitev manjšega števila linearnih kombinacij merjenih spremenljivk smo pri faktorski analizi uporabili metodo glavnih komponent z rotacijo varimax. Podatki so bili analizirani s programom SPSS verzija 21.0 (SPSS Inc., Chicago, IL, USA). Za obdelavo podatkov so bili uporabljeni opisna statistika, Pearsonov koeficient korelacije in faktorska analiza. Upoštevali smo statistično značilnost pri vrednosti 0,05.

Rezultati

Pet (7,2 %) anketiranih novozaposlene na delovnem mestu usposablja vsak dan, 17,4 % ($n = 12$) nekajkrat na teden, 30,4 % ($n = 21$) nekajkrat na mesec, 26,1 % ($n = 18$) nekajkrat na leto, 18,8 % ($n = 13$) anketiranih pa novozaposlenih na delovnem mestu ne usposablja. Pri 3 (4,3 %) anketiranih je med usposabljanjem novozaposlenih na delovnem mestu njihova aktivna vloga v delovnem procesu razbremenjena, pri 65 (94,2 %) anketiranih se obe vlogi v delovnem procesu prepletata; en anketirani na vprašanje ni odgovoril. Za usposabljanje novozaposlenih na delovnem mestu prejme plačilo 5 (7,2 %) anketiranih, 62 (89,9 %) jih plačila ne prejme, 2 anketirana se do odgovora nista opredelila.

Pri Sekciji medicinskih sester in zdravstvenih tehnikov v operativni dejavnosti, pri Zbornici zdravstvene in babiške nege Slovenije – Zvezi strokovnih društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije ali pri drugem strokovnem društvu je v zadnjih petih letih (od 2012) aktivno sodelovalo 20,6 % ($n = 14$) anketiranih. En anketirani se do

Tabela 2: Usposabljanje novozaposlenih na delovnem mestu

Table 2: Training new employees in the workplace

Trditve/Statements	<i>n</i>	\bar{x}	<i>s</i>	<i>FI</i>
Vsi zaposleni v operacijski zdravstveni negi moramo predajati svoje znanje.	69	4,60	0,878	0,731
Svoje znanje in izkušnje z veseljem predajam naprej.	69	4,79	0,472	0,801
Pri predajanju znanj in informacij profesionalno rastem.	69	4,63	0,617	0,881
Usposabljanje novozaposlenih na delovnem mestu mi predstavlja izziv.	68	4,17	0,945	0,686
Usposabljanje novozaposlenih na delovnem mestu me obremenjuje.	67	2,68	1,221	/
V procesu vključevanja v operacijsko zdravstveno nego sem imel/-a podporo starejših kolegic/kolegov.	69	3,81	0,974	/

Legenda/Legend: *n* – število/number; \bar{x} – povprečje/average; *s* – standardni odklon/standard deviation; *FI* – usposabljanje novozaposlenih na delovnem mestu/training new employees in the workplace

sodelovanja do stanovskih organizacij v zdravstveni negi ni opredelil. Anketirani so svoje zadovoljstvo na delovnem mestu ocenili s povprečno oceno 3,3 ($s = 0,827$), svojo usposobljenost za opravljanje dela v operacijski zdravstveni negi s 4,3 ($s = 0,620$) ter svojo usposobljenost za usposabljanje novozaposlenih na delovnem mestu s 3,52 ($s = 0,867$).

Anketiranci so na vprašanje, ali so razen z zahtevo po primerni stopnji izobrazbe in opravljenem zdravniškem pregledu seznanjeni še z drugimi kriteriji za izbor kandidatov za zaposlitev v operacijski zdravstveni negi,

pritrtilno odgovorili v 5,85 % ($n = 4$) in negativno v 94,2 % ($n = 65$). Postavitev dodatnih kriterijev za izbor kandidatov za zaposlitev v operacijski zdravstveni negi se za razvoj operacijske zdravstvene nege zdi pomembna 65 (95,6%) udeleženi v raziskavi, 3 (4,4%) ne; en anketirani pa svojega mnenja ni izrazil.

Preverjanje odnosa zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu ter do znanja in usposobljenosti zaposlenih v operacijski zdravstveni negi je prikazano v Tabeli 2 in Tabeli 3.

Tabela 3: Znanje in usposobljenost zaposlenih v operacijski zdravstveni negi

Table 3: Knowledge and skills of employees in perioperative nursing

<i>Trditve/Statements</i>	<i>n</i>	\bar{x}	<i>s</i>	<i>F2</i>	<i>F3</i>
Za delo na svojem strokovnem področju imam dovolj znanja.	69	4,27	0,764	0,727	0,217
V sklopu svojega usposabljanja na delovnem mestu sem se usposabljal/-a na vseh kirurških področjih.	69	3,10	1,250	0,342	0,688
Sledim objavljenim raziskavam na področju operacijske zdravstvene nege.	69	3,52	0,933	/	/
Za usposabljanje novozaposlenih na delovnem mestu imam dovolj praktičnega znanja.	69	4,01	0,757	0,895	0,136
Za usposabljanje novozaposlenih na delovnem mestu imam dovolj teoretičnega znanja.	69	3,85	0,827	0,765	0,082
Za usposabljanje novozaposlenih na delovnem mestu nimam dovolj znanja iz pedagoških vsebin.	69	3,14	1,032	0,583	-0,359
Na področju usposabljanja novozaposlenih na delovnem mestu se želim dodatno izobraževati.	69	4,00	0,907	/	/
Izobraževalne delavnice za usposabljanje novozaposlenih na delovnem mestu v operacijski zdravstveni negi bi pripomogle k učinkovitosti usposabljanja novozaposlenih na delovnem mestu.	69	4,57	0,774	-0,570	0,743
Zaposleni v operacijski zdravstveni negi usposabljam novozaposlene na delovnem mestu med seboj primerljivo.	69	3,55	0,993	/	/

Legenda/Legend: n – šteto/number; \bar{x} – povprečje/average; s – standardni odklon/standard deviation; F2 – znanje zaposlenih v operacijski zdravstveni negi/knowledge of employees in perioperative nursing; F3 – usposobljenost zaposlenih v operacijski zdravstveni negi/competence of employees in perioperative nursing

Tabela 4: Obremenjenost na delovnem mestu

Table 4: Workload in the workplace

<i>Trditve/Statements</i>	<i>n</i>	\bar{x}	<i>s</i>	<i>F7</i>	<i>F8</i>
Zaradi opravljanja svojih delovnih obveznosti novozaposlenemu na delovnem mestu ne morem nameniti toliko časa, kot bi ga le-ta potreboval.	68	3,86	0,991	0,835	-0,079
Zaradi usposabljanja novozaposlenih na delovnem mestu ne uspem opraviti vseh delovnih obveznosti.	68	2,83	1,001	0,853	0,098
Usposabljanje novozaposlenih na delovnem mestu mi krajša čas, odmerjen za odmor.	68	3,14	1,068	0,558	0,481
Usposabljanje novozaposlenega na delovnem mestu med operativnim posegom mi predstavlja dodatno obremenitev.	68	3,36	1,035	0,394	0,638
Zaradi usposabljanja novozaposlenega na delovnem mestu delo v operacijski dvorani poteka počasneje.	68	2,69	0,996	0,118	0,772
Kljub usposabljanju novozaposlenega na delovnem mestu delo v operacijski dvorani vedno poteka nemoteno.	67	3,77	0,849	-0,255	0,812
Med usposabljanjem novozaposlenega na delovnem mestu bi morala biti ekipa zaposlenih v operacijski zdravstveni negi v operacijski dvorani številčnejša.	68	4,01	0,954	/	/

Legenda/Legend: n – šteto/number; \bar{x} – povprečje/average; s – standardni odklon/standard deviation; F7 – časovna obremenjenost na delovnem mestu/time workload at the workplace; F8 – obremenjenost v operacijski dvorani/workload in the operating theatre

Tabela 5: Znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi
 Table 5: Knowledge and attitude of new employees in the workplace

<i>Trditve/Statements</i>	<i>n</i>	\bar{x}	<i>s</i>	<i>F9</i>
Nivo splošnega znanja, ki ga novozaposleni pridobijo v sklopu šolanja na fakultetah, je zadosten.	69	2,42	0,897	/
Znanje novozaposlenih o operacijski zdravstveni negi ni zadostno.	69	3,71	1,072	/
Novozaposleni upoštevajo navodila za delo v operacijski zdravstveni negi.	69	3,86	0,684	0,760
Novozaposleni imajo do zaposlenih v operacijski zdravstveni negi spoštljiv odnos.	69	3,82	0,785	0,691
Novozaposleni so motivirani za pridobivanje novih znanj in izkušenj.	69	3,75	0,715	0,815
Novozaposleni v operacijski zdravstveni negi so samoiniciativni.	69	3,18	0,791	0,774
Novozaposleni v operacijski zdravstveni negi so do svojega znanja samokritični.	69	3,01	0,882	0,798

Legenda/Legend: *n* – število/number; \bar{x} – povprečje/average; *s* – standardni odklon/standard deviation; *F9* – znanje in odnos novozaposlenih do dela v operacijski zdravstveni negi/knowledge and attitude of new employees in the workplace

Odgovori na vprašanja o obremenjenosti na delovnem mestu ter o znanju in odnosu novozaposlenih do dela v operacijski zdravstveni negi so prikazani v Tabeli 4 in Tabeli 5.

Preverjanje hipotez

Hipoteze smo preverjali s Pearsonovim korelacijskim koeficientom (Tabela 6). Hipotezo 1 smo preverjali z dvema vprašanjema, ki kažeta na dodatno izobraževanje iz operacijske zdravstvene nege, pri ostalih hipotezah smo preverjali povezanost med komponentami različnih podsklopov vprašanj.

Hipotezo 1 »Zaposleni v operacijski zdravstveni negi, ki se na področju operacijske zdravstvene nege dodatno izobražujejo, vzpostavljajo pozitiven odnos do usposabljanja novozaposlenih na delovnem mestu« smo zavrnil. Za preverjanje hipoteze smo uporabili dva faktorja in ugotovili, da sledenje raziskavam iz operacijske zdravstvene nege ($r = 0,211$, $p = 0,085$) in dodatno izobraževanje iz operacijske zdravstvene nege ($r = -0,097$, $p = 0,435$) s pozitivnim odnosom zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu nista povezani.

Hipotezo 2 »Odnos zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu je povezan z delovno obremenjenostjo zaposlenih v operacijski zdravstveni negi« smo zavrnil. Za preverjanje hipoteze smo uporabili dva faktorja in ugotovili, da časovna obremenjenost zaposlenih v operacijski zdravstveni negi ($r = 0,087$, $p = 0,484$) in obremenjenost v operacijski dvorani ($r = -0,105$, $p = 0,396$) z odnosom zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu nista povezani.

Hipotezo 3 »Usposobljenost zaposlenih v operacijski zdravstveni negi je povezana z njihovim odnosom do usposabljanja novozaposlenih na delovnem mestu« smo delno potrdili. Za preverjanje hipoteze

smo uporabili dva faktorja. Ugotovili smo, da usposobljenost zaposlenih v operacijski zdravstveni negi ($r = 0,032$, $p = 0,795$) z njihovim odnosom do usposabljanja novozaposlenih na delovnem mestu ni povezana. Pri preverjanju ocen znanja zaposlenih v operacijski zdravstveni negi pa smo ugotovili, da je odnos zaposlenih v operacijski zdravstveni negi do

Tabela 6: Korelacije odnosa zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu z najpomembnejšimi faktorji
 Table 6: Correlation of employees' attitude in perioperative nursing towards training new employees in the workplace with the most relevant factors

<i>Hipoteze/Hypotheses</i>	<i>Faktor/Factor</i>	<i>r</i>
H1	F1	0,211
	F2	-0,097
H2	F5	0,087
	F6	-0,105
H3	F7	0,278
	F8	0,032
H4	F9	0,058

Legenda/Legend: H1 – izobraževanje/education; H2 – obremenjenost/workload; H3 – usposobljenost/competence; H4 – odnos novozaposlenih/attitude of new employees; F1 – sledenje raziskavam iz operacijske zdravstvene nege/tracking researches from perioperative nursing; F2 – izobraževanje iz operacijske zdravstvene nege/learning in perioperative nursing; F5 – časovna obremenjenost zaposlenih v operacijski zdravstveni negi/time workload in perioperative nursing; F6 – obremenjenost v operacijski dvorani/workload in the operating theatre; F7 – znanje zaposlenih v operacijski zdravstveni negi/knowledge in perioperative nursing; F8 – usposobljenost zaposlenih v operacijski zdravstveni negi/competence in perioperative nursing; F9 – odnos novozaposlenih do dela v operacijski zdravstveni negi/attitude of new employees in the workplace; *r* – Pearsonov koeficient korelacije/Pearson correlation coefficient

usposabljanja novozaposlenih na delovnem mestu z njihovim znanjem statistično značilno povezan ($p = 0,021$). Povezanost je po moči šibka ($r = 0,278$) in pozitivna, kar pomeni, da boljše kot je znanje zaposlenih v operacijski zdravstveni negi, boljši je njihov odnos do usposabljanja novozaposlenih na delovnem mestu.

Hipotezo 4 »Odnos zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu je povezan z odnosom novozaposlenih do dela v operacijski zdravstveni negi« smo zavrnil. Raziskava je pokazala, da odnos novozaposlenih do dela v operacijski zdravstveni negi z odnosom zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu ni povezan ($r = 0,058$, $p = 0,641$).

Diskusija

Raziskava kaže, da zaposleni v operacijski zdravstveni negi na primeru ene zdravstvene organizacije izkazujejo visoko strinjanje s trditvijo, da morajo svoje znanje predajati naprej. Njihov odnos do usposabljanja novozaposlenih na delovnem mestu je pozitiven, svoje izkušnje in znanje z veseljem predajajo naprej in pri tem profesionalno rastejo. Verjetno se pri tem kaže tudi vpliv njihove pozitivne izkušnje iz preteklosti, ko jim je v procesu vključevanja v operacijski zdravstveni negi bila na voljo podpora izkušenih sodelavcev. Mentorstvu pozitivno vlogo pripisujeta tudi Žerdoner (2015) in Ramšak Pajk (2008). Žerdoner (2015) je v raziskavi ugotovila, da proces pripomore k profesionalnemu razvoju mentorjev, Ramšak Pajk (2008) pa je mnenja, da mentorstvo poveča poklicno pripadnost mentorjev, njihovo samozavest, zadovoljstvo pri delu in da vpliva na njihov karierni razvoj. Morda nekoliko preseneča rezultat, da se vključenim v raziskavo usposabljanje novozaposlenih na delovnem mestu ne zdi obremenjujoče. Predhodno je namreč Čuk (2014) v svoji raziskavi ugotovila, da je poučevanje v kliničnem okolju za mentorje dodatna delovna obremenitev. Izvajanje mentorstva v operacijski zdravstveni negi je specifično tudi zaradi nenehno prisotne medsebojne odvisnosti delovanja vsaj dveh oseb, zaposlenih v operacijski zdravstveni negi, in morda prav to zavedanje vzpostavlja tako pozitiven odnos do usposabljanja novozaposlenih na delovnem mestu. Zaposleni v operacijski zdravstveni negi se namreč izkustveno zavedajo, da bodo v prihodnosti pri izvajanju delovnega procesa tudi sami (so)odvisni od usposobljenosti izvajalcev operacijske zdravstvene nege.

Iz rezultatov drugih sklopov naše raziskave je mogoče razbrati, da se vključeni v raziskavo ne strinjajo, da bi zmogli opraviti še dodatne delovne zadolžitve, kar sicer ne drži za opravljanje še bolj kompleksnih delovnih izzivov. To kaže na dejstvo, da so zaposleni v operacijski zdravstveni negi preobremenjeni. Tudi Kulaš (2013)

in Žerdoner (2015) sta izpostavili preobremenjenost kliničnih mentorjev na delovnem mestu, Čuk in Hvala (2009) pa sta kot težave, ki se pojavljajo v času mentorstva, navedli delovno obremenitev, dolg delovnik, težave pri izvajanju poklicnih vlog in različna tveganja, ki so jim izpostavljeni mentorji in drugo zdravstveno osebje. Zaradi usposabljanja novozaposlenega na delovnem mestu delo v operacijski dvorani ni moteno niti ne poteka počasneje, vendar pa bi, kot opredeljujejo vključeni v raziskavo, med usposabljanjem novozaposlenega na delovnem mestu ekipa zaposlenih v operacijski zdravstveni negi v operacijski dvorani morala biti številčnejša. Iz sinteze trditev lahko zaključimo, da se vključeni v raziskavo med usposabljanjem novozaposlenega na delovnem mestu zavedajo svoje odgovornosti za varno in kakovostno obravnavo pacienta. Robida (2013) pravi, da za klinične mentorje ni pomembno samo učenje tehničnih veščin, ampak tudi znanje o varnosti pacientov. Med usposabljanjem novozaposlenih na delovnem mestu s pravočasnim in strokovnim izvajanjem potrebnih intervencij zaposleni v operacijski zdravstveni negi ne obremenjujejo ostalih članov zdravstvenega tima, vendar po drugi strani njihovo mnenje, da bi med usposabljanjem novozaposlenega na delovnem mestu ekipa zaposlenih v operacijski zdravstveni negi v operacijski dvorani morala biti številčnejša, kaže, da jim proces usposabljanja novozaposlenih med operativnim posegom pravzaprav predstavlja dodatno obremenitev.

Tako sklepanje se sklada tudi z naslednjimi ugotovitvami naše raziskave: zaradi usposabljanja novozaposlenih na delovnem mestu zaposleni v operacijski zdravstveni negi ne uspejo opraviti vseh delovnih obveznosti; njihov čas za odmor je zaradi usposabljanja novozaposlenih na delovnem mestu krajši; novozaposlenemu na delovnem mestu je treba nameniti toliko časa, kot bi ga le-ta potreboval. Tudi Lorber in Donik (2009) navajata, da mora mentor najprej profesionalno opraviti svojo delo pri pacientu, istočasno pa se od njega pričakuje še, da posreduje znanje in veščine ter mentorstvu posveti dovolj časa. Poudariti je treba, da samo večje število kadra v operacijski dvorani ne bo pripomoglo k učinkovitejšemu usposabljanju novozaposlenega na delovnem mestu in k zmanjšani obremenitvi zaposlenih v operacijski zdravstveni negi. Pozornost je treba usmeriti na usposobljenost kadra.

Na svojem strokovnem področju imajo zaposleni v operacijski zdravstveni negi dovolj znanja, svojo usposobljenost za opravljanje dela v operacijski zdravstveni negi so ocenili zelo visoko. Ugotavljamo, da vključenim v raziskavo pri usposabljanju novozaposlenih na delovnem mestu strokovnega praktičnega in teoretičnega znanja ne primanjkuje. Po drugi strani zaposleni v operacijski zdravstveni negi opredeljujejo, da za proces usposabljanja novozaposlenih na delovnem mestu nimajo dovolj znanja iz pedagoških vsebin. Podatek ne preseneča,

saj se vključeni v raziskavi v večini primerov udeležujejo izobraževanj iz vsebin operacijske zdravstvene, etike v zdravstveni negi ter kakovosti in varnosti v zdravstveni negi. Na področju mentorstva in raziskovanja v zdravstveni negi se vključeni v raziskavo skorajda ne izobražujejo. Tudi Čuk (2014) je v svoji raziskavi ugotovila, da mentorji nimajo dovolj razvitih kompetenc in potrebujejo dodatna pedagoška znanja, Lorber in Donik (2009) pa navajata še, da imajo mentorji veliko praktičnih izkušenj, vendar se pogosto srečujejo s težavo, kako posredovati svoja praktična znanja, saj imajo premalo pedagoško-andragoških izkušenj. Na področju usposabljanja novozaposlenih na delovnem mestu se vključeni v raziskavo želijo dodatno izobraževati, prav tako so mnenja, da bi izobraževalne delavnice za usposabljanje novozaposlenih na delovnem mestu v operacijski zdravstveni negi pripomogle k učinkovitosti usposabljanja novozaposlenih na delovnem mestu. Glede na izraženo potrebo in željo vključenih v raziskavo po dodatnem izobraževanju bi kazalo resno razmisliti o uvedbi sistematičnega sistema izobraževanja, ki bi lahko potekalo tudi v simulacijskih centrih (Granger, et al., 2011). Pri razvoju in izvedbi celovitega izobraževalnega procesa bi morali sodelovati tudi in predvsem kompetentni strokovnjaki iz izobraževalnih institucij.

Zaposleni v operacijski zdravstveni negi so se strinjali, da nivo znanja, ki ga novozaposleni na delovnem mestu pridobijo v sklopu šolanja na fakultetah oz. visokih šolah ni zadosten in da njihovo znanje o operacijski zdravstveni negi ni zadostno. Tudi Brdnik (2013) je v raziskavi, izvedeni v več slovenskih bolnišnicah, ugotovil, da izobrazba, ki jo diplomirana medicinska sestra pridobi v dodiplomskem študiju, ne nudi dovolj strokovnih vsebin iz operacijske zdravstvene nege. V tem času so nekatere fakultete v sklopu dodiplomskega izobraževanja že začele izvajati študijske vsebine iz operacijske zdravstvene nege. A le uvedba s skrbjo razvitega specialističnega študija iz operacijske zdravstvene nege, ki bi ga vodili, izvajali in evalvirali kompetentni izvajalci, bi popolnoma zapolnila vrzel na tem strokovnem področju. Ne smemo namreč pozabiti, da je visokošolsko izobraževanje za področje zdravstvene nege omejeno na splošno zdravstveno nego in da je poglobljena specialistična znanja in kompetence treba razvijati v okviru podiplomskih specializacij. Vključeni v raziskavo menijo tudi, da so novozaposleni na delovnem mestu premalo samoiniciativni in do svojega znanja premalo samokritični. Na drugi strani so vključeni v raziskavo mnenja, da so novozaposleni na delovnem mestu motivirani za pridobivanje novih znanj in izkušenj, da imajo do zaposlenih v operacijski zdravstveni negi spoštljiv odnos in da upoštevajo navodila za delo v operacijski zdravstveni negi. Verjetno se bo za prepoznavanje in razumevanje specifičnih potreb in pričakovanj, ki jih ima tako imenovana »generacija Y«, treba izobraziti ter nato izkoristiti

njihove prednosti. Med temi prednostmi sta predvsem predanost timskega delu in rokovanje z napredno tehnologijo (Sherman, 2015).

V prihodnje bi bilo treba preveriti stališča novozaposlenih na delovnem mestu do njihovega usposabljanja v operacijski zdravstveni negi in raziskati, kako zaposleni v operacijski zdravstveni negi dojemajo svoje kompetence. Kot navajajo Gillespie in sodelavci (2009) bi bilo pri tem treba upoštevati predvsem njihovo znanje, timsko delo, komunikacijo, zmožnost koordiniranja in obvladovanja novih situacij.

Izvedli smo raziskavo na primeru ene organizacije, zato rezultatov ni mogoče posploševati na vse primerljive zdravstvene organizacije oziroma področja dela. Omejitve izvedene raziskave na primeru ene organizacije je, da smo v vzorec vključili tudi zaposlene v operacijski zdravstveni negi, ki svoje delo opravljajo na ravni dnevne bolnišnice ($n = 10$). Zaradi vrste operativnih posegov, ki se v tej enoti izvajajo, je kompleksnost delovnih opravil in obseg kompetenc zaposlenih v operacijski zdravstveni negi v tem delovnem okolju manjša. Ti izvajalci operacijske zdravstvene nege posledično ne opravljajo dela v transplantacijski dejavnosti in dežurni službi, prav tako skorajda ne usposablja novozaposlenih na delovnem mestu. Opozoriti je treba tudi na vrednost Pearsonovega koeficienta korelacije, ki kaže na zgolj šibko pozitivno povezanost odnosa zaposlenih v operacijski zdravstveni negi do usposabljanja novozaposlenih na delovnem mestu z znanjem zaposlenih v operacijski zdravstveni negi. Poleg tega, da raziskava daje priložnosti za izvedbo izboljšav v proučevani organizaciji, pokaže tudi na pomen raziskovanja na reprezentativnem vzorcu te dejavnosti v Sloveniji in bi lahko pripomogla k sistemski ureditvi in definiciji podiplomskega izobraževanja na tem področju v Sloveniji.

Zaključek

Proces usposabljanja novozaposlenih na delovnem mestu za vključene v raziskavo na splošno ne predstavlja obremenitve, pravzaprav jim je v zadovoljstvo. Ob neposrednem usposabljanju novozaposlenih med operativnim posegom bi bilo treba ekipo izvajalcev operacijske zdravstvene nege številčno okrepiti, pri tem pa tudi ne zanemariti njihove usposobljenosti za usposabljanje novozaposlenih. Smotrno bi bilo pripraviti izobraževanja za področje usposabljanja novozaposlenih na delovnem mestu, pričeti z izvajanjem izobraževalnih delavnic v simulacijskem centru in razširiti vsebino izobraževanja zaposlenih v operacijski zdravstveni negi. Za učinkovito usposabljanje novozaposlenih v operacijski zdravstveni negi je treba razviti celosten in v kliničnem okolju aplikativen izobraževalni program. Mislimo na sistematično usposabljanje, ki bi temeljilo na postopnem nadgrajevanju znanja – od osnov operacijske zdravstvene nege do ozko specifičnih aktivnosti, omejenih na

posamezna kirurška področja. K razvoju strategije usposabljanja novozaposlenih v operacijski zdravstveni negi je treba povabiti in pritegniti več v operacijskem okolju in tudi izven njega delujočih strokovnjakov, pristop do strategije naj bo znanstven in odgovoren do vseh udeleženi. In nenazadnje, za zaposlitev v tako ozko specifični zdravstveni dejavnosti bi morali razviti ustrezne kriterije, ki bi bili v pomoč pri izbiri primernih kandidatov za zaposlitev.

Conflict of interest/Nasprotje interesov

The authors declare that no conflicts of interest exist./Avtorici izjavljata, da ni nasprotja interesov.

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Ethical approval/Etika raziskovanja

The study was conducted in accordance with the Helsinki-Tokyo Declaration (World Medical Association, 2013) and the Code of Ethics for Nurses and Nurse Assistants of Slovenia (2014)./Raziskava je pripravljena v skladu z načeli Helsinško-Tokijske deklaracije (World Medical Association, 2016) in v skladu s Kodeksom etike v zdravstveni negi Slovenije (2014).

Author contributions/Prispevek avtorjev

Under the mentorship of the second author the first author prepared a research proposal, a research plan, a research project and wrote the article. The second author participated in all stages of the research process and was responsible for methodologically appropriate research process. The second author also participated in the writing of the article./Prva avtorica je pod mentorstvom druge avtorice pripravila raziskovalni predlog, načrt raziskave, izvedbo raziskave in oblikovala besedilo članka. Druga avtorica je v vseh fazah raziskovalnega procesa sodelovala kot oseba, odgovorna za metodološko ustreznost, sodelovala je tudi pri pisanju članka.

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