The Lived Experience of Newly Qualified Registered Nurse First Assistants (RNFA) Who Have Transitioned to the Hospital Operating Room Surgical Setting: A Phenomenological Perspective

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Grant funded research

Thank you
Objectives

• The learner will identify the components of the qualitative research study.

• The learner will describe the struggles and barriers identified from the research study.

• The learner will examine behaviors that were helpful to the transitioning RNFA to the hospital operating room surgical setting.
Qualitative vs. Quantitative Research

- **Qualitative** – narrative data
  - Relationship, bond, or connection related to a phenomenon
  - Understanding of human experiences
  - Lived experiences
  - Collection and analysis of subjective, narrative material

- **Quantitative** – numeric values
  - Relationships between the independent variable and dependent variable
  - Typically a “scientific method”
  - Systematic and controlled process

- **Mixed Methods**

Components of the qualitative research study

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Where it begins...

• You start with a question
• My questions:
  – RNFA mentors
    • One specialty
    • Multiple specialties
• Integrative Review (IR)
  – Cornerstone of evidence based practice (EBP)
  – Critical tool for EBP
  – New study-
    • Discovery where the gaps are and how best to advance knowledge on topic
    • Draw conclusions about the state of knowledge
    • My study=little was know of the RNFA
      – Quantitative
      • Qualitative
      – Phenomenological study=lived experience
Definition

- **RNFA**-a perioperative RN who works in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes. The RNFA has acquired the necessary knowledge, judgment, and skills specific to the expanded role. The RNFA practices intraoperatively at the direction of the surgeon.  
  (AORN RNFA POSITION STATEMENT, 2013)
Definition

- RNFA Intraoperative responsibilities
  - Providing exposure by manipulating patient anatomy
  - Using instrumentation to provide exposure to anatomy
  - Dissecting tissue and organs
  - Providing hemostasis
  - Suturing of the operative incision
  - Handling tissue specimens for laboratory examination
  - Utilizing independent nursing skills and judgment that are essential to surgical practice
Background

• First Introduced during war
  – Florence Nightingale instituted the idea of nurses assisting in surgery during the Crimean War (1854-1856).
  – Nurses assisted during surgical procedures and provided postoperative care.
  – Flourished in Civil War (1861-1865), WWI, WWII
  – Army nurse perfected the role in MASH units
    • Preop, intraop, postop care
• Civilian nurses- w/o specific designation
• 1977 American College of Surgeons-provided official acceptance
• 1984 original AORN official Statement of RNFA accepted

(AORN, 2013; Lafountain, 1992; Welter, 2007)
Today

• Competency & Credentialing Institute (CCI) Certification
• 15 RNFA programs in the US accepted by CCI
• CCI Director – Dr. James Stobinski
  – 1260 CRNFA currently held (January, 2017)
  – ~800 graduates in 2016 from accredited programs
• Role is recognized w/in scope of nursing practice
  – specific verbiage in all nursing practice acts is lacking
  – no state board forbids it
• 80% of OR in US use non-physicians to assist (Patterson, 2012)
• Inconsistent recognition for reimbursement for RNFAs by CMS
Review of Literature

• Integrative Review of Literature
• Search in Nursing/Medicine
• Search engines such as CINAHL/ProQuest/Medscape/Google Scholar
• Search words:
  – RNFA/First Assistant/Surgery/Nursing/Mentoring/Preceptor etc.
• Search from 1950-present
  – Korean War where the expansion of the role evolved
• All studies
  – Qual/Quant
Review of Literature

• Research conducted on transitions to new nursing roles
  – Mentoring during transition of new nurses
  – Clinical competency levels of the new nurses
  – Levels of satisfaction of graduates from nursing residency programs, job satisfaction, and retention rates
  – Nurse educators’ perspectives have been explored in relation to mentoring programs
  – Relationships between mentor and mentee
  – Role stress and role ambiguity of new nursing graduates
  – Anxiety, insecurity, inadequacy, and instability of new graduates (Boychuk Duchscher – Transition shock)
Review of Literature

• Positive transition from nursing students to the role of professional nurse can correlate with motivation to perform well, increased job satisfaction, and higher retention rates

(Almada, Carafoli, French & McNamara, 2004; Blanzola, Linderman & King, 2004; Casey, Fink, Krugman & Propst, 2004; Cleary & Happell, 2005; O’Malley Floyd, Kretschmann & Young, 2005)
Review of Literature

- SSI infection preventions- 1997
- Southwestern federal medical center
- SSI rate doubled in one year
- CABG surgery time increased from 232 to 300 minutes
- Interventions:
  - Early closure of harvest site
  - Introduction of RNFAs to CT team
Review of Literature

• Influence of RNFA on AAA (1992)
• Physician led research
• Reviewed OR time, blood loss, ICU days and total LOS
• Identified RNFAs as essential personnel
• RNFAs associated with equally satisfactory repair of AAA
Purpose of the Study/Research Question

Purpose:
• Explore the lived experience of newly qualified RNAs functioning in the active role of surgical assistants in the hospital operating room setting.
• Additionally, Identify the barriers and struggles encountered by the new RNAs as they transition to their new role.

Question:
• What is the lived experience of newly qualified RNAs as they transition to the role of surgical assistant?
Concepts/Theoretical Framework

• Concept of Transition

• Theoretical Framework
  – Meleis (2010) Theory of Transition
    • Middle Range Theory
    • Developmental, Situational, Health-Illness, and Organizational transitions
      – Awareness, Engagement, Change and Difference, Time Span, and Critical Points and Events
  – Benner’s Stages of Clinical Competence (1984)
    • Based on the Dreyfus Model of Skill Acquisition
      – Novice, Advanced Beginner, Competent, Proficient, and Expert
Methodology

Research design

• Qualitative Interpretive Hermeneutic Phenomenological Method
  – Martin Heidegger- 18th century philosopher
  – Study the phenomena
  – Interpret the phenomenon and identify the meaning of being
    » *Being in the world*
  – Promotes human understanding
  – “not possible to live w/o interpretations and that understanding is rooted in our definitions”-Heidegger
  – Rejected need for bracketing prior knowledge and understanding of experience (Husserl)
    » *Researcher bracketed due to close nature of the issue being studied*
  – Hermeneutic circle (examining, questioning, re-examining)
Sample

- Purposive Convenience Sample
- Participants selected based on their knowledge, direct exposure, and expertise of the phenomenon under investigation
- Inclusion:
  - RNFA
    - Transitioned to hospital operating room setting within 24 months of successful completion of an CCI accepted RNFA training program
    - Successful completion of an accredited RNFA program
    - AORN professional association RNFA database
- Exclusion:
  - CRNFA-certified RNFA
  - RNFA that completed RNFA program greater than 24 months ago
- Size was determined by data saturation
  - No new information was obtained from additional sample
Recruitment

• AORN professional association RNFA database invitation
• Consent and demographic data returned to researcher
• Interview was scheduled

• Each request will include the offer of a $20 VISA gift card provided after validation of data
Protection of Human Subjects

• Institutional Review Board approval (IRB)
  – University IRB
  – AORN
  – Addendum filed with University IRB to include phone call interviews
• Voluntary Recruitment
• Informed Consent/Confidentiality
  – Explanation of the study purpose
  – Ability to decline or withdraw at any time w/o penalty
  – Notified of potential risk of participation
• Confidentiality/Anonymity
  – Alphanumeric coding
• Storage of data
  – Password protected
  – Process of destruction at designated time
Interview Questions

• What was the experience like for you to become a RNFA?
• What does being an RNFA mean to you?
• As you reflect on your formal education, what were the useful educational experiences?
• As you reflect on your clinical training, what were the useful clinical experiences?
• How prepared to practice did you feel after completing the RNFA program?
• Describe the positive aspects of your RNFA learning experience.
• Describe any negative aspects of your RNFA learning experience.
Interview Questions

• Describe any issues, concerns, or problems you may have encountered during your educational experiences.
• Describe any issues, concerns, or problems you may have encountered during your clinical experiences.
• Describe any issues, concerns, or problems you may have encountered during the time of your transition to the role of RNFA.
• Is there anything else that you would like to tell me about your experience?
Interview Questions

Additional Probe Questions:

• Can you say more about that?
• What do you mean by _____?
• Can you tell me more about what that means to you?
Data Collection

• Interviews
  – Demographic data
    • Paper form
  – Broad open-ended questions
    • Probing questions
  – 2 audio recorders

• Setting
  – Quiet
  – Uninterrupted
  – 1:1
    • In-person, Skype, or phone call
Data Analysis

• Performed by researcher
• Nvivo software
  – Coding/extraction of statements
• Colaizzi’s (1978) method of thematic analysis
  – Read and re-read transcripts-understand/acquire feeling for the phenomenon
  – Return transcript to participant
  – Formulate significant meanings from extracted statements
  – Cluster formulated meanings into common themes
  – Exhaustive description
  – Themes and descriptions validated by participants
  – Changes or additional information incorporated
• Rigor and trustworthiness of the study were maintained through truth value or credibility, applicability, consistency, and neutrality or confirmability.
Rigor and Trustworthiness

- Truth value/Credibility, Applicability, Consistency, Neutrality/Confirmability
  - Member validation
  - Clear reporting of participants’ perspectives
  - Audio taped interviews
  - Transcriptions with repeated review
  - Field notes
  - Experienced qualitative research consultation
  - Bracketing of researcher’s perspectives
Recordings were transcribed. Read and re-read transcripts. Understand/acquire feeling for the phenomenon.

Return transcript to participants. Read and reread transcripts. Highlight and code extracted statements.

Formulate significant meanings from extracted statements. Cluster formulated meanings into common themes. Exhaustive description performed. Themes and descriptions validated by participants. Changes or additional information incorporated.
Sample

• 20 participants
  – 16 female/4 male
  – Ages 32-67 (average 50 yo)
  – 16 Caucasian/2 Hispanic-Latino/2 identified as Other
  – 16 Married/2 Divorced/2 identified as In a Committed Relationship
  – 15 BSN, 2 MSN, 1 Diploma, 1 Associate’s Degree, 1 Other (MS in HCA)

• 4 academic facilities provided RNFA education
  – 9 attended a national institute
  – 7 attended community college
  – 4 attended professional seminars

• Number of years as RN: 3-44 (~22 years)
• Number of years of perioperative experience: 9-37 (~22 years)
Sample

• Number of clinical preceptors 0-10
• All participants held primary specialties in which they gained experience during clinical
• 4 participants had 1 primary specialty and 16 had >1 specialty during clinical
• 19 participants received >1 specialty experience/1 received only 1 specialty experience during clinical internship
• 50% expressed having specific surgery specialty interest after completion
Sample

• 17 participants currently working w/in trained specialties/ 3 currently working in specialties outside of training specialty

• 13 participants were mentored as an RNFA following course completion

• Mentored time following course completion varied between 2 months and 1 year

• 19 participants employed in hospital setting /1 in both hospital and ambulatory surgical setting
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<td>- Handling personal fears and developing a level of professional well-being</td>
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Theme 1: Personal Challenge to obtain requirements for the certificate

• Needed to be self-directed in seeking out learning experiences
• Struggle to obtain required clinical hours
• Time-consuming process
• Involved rigorous and extensive work
Theme 1: Personal Challenge to obtain requirements for the certificate

• “I did a lot of self seeking for myself. Experiences, I sought them out. I put myself into situations where I wasn’t always comfortable, so that I made myself learn. I knew I wasn’t really good at laparoscopic stuff but I volunteered to go in. And you do have to push yourself, you can’t be afraid; you just have to keep trying.”

• Two participants described their overall experience as “challenging but well worth it,” and “it was not a bad experience, it was just kind of strenuous on my life.”
Theme 2: Health Care providers’ attitudes and actions towards RNFAs

- Process of integration and acceptance by the patient care team
- Encounters with colleagues while learning the RNFA role
Theme 2: Health Care providers’ attitudes and actions towards RNFAs

• Both positive and negative experiences encountered while gaining knowledge and valuable clinical experiences

• Some expressed concern toward health care providers’ attitudes and actions regarding RNFAs that were encountered during the educational and clinical process. Participants shared contrasting views in the two subthemes.
Theme 2: Health Care providers’ attitudes and actions towards RNFAs

• “I had even anesthesia cheering me on from behind the drapes. They were like ‘oh that looks great’ and I just feel like I have a good rapport with the people I work with and so there weren’t a lot of problems. They were very eager to help me out and it was just positive all around.”

• “Trust relationship...when you gain their trust...the transition will be much easier because they will teach you a lot of things and they will let you do a lot of things as well.”
Theme 2: Health Care providers’ attitudes and actions towards RNFA

• “They’ve all been very positive. Nobody rushed me when I was closing or anything like that...they offered words of encouragement. When I was closing incisions, they’d say that ‘it looked great’ and ‘you’re doing such a great job’. That was all the way around, from the nurse anesthetists to the circulator and also, to the scrub. I think they appreciated what I could bring.”
Theme 2: Health Care providers’ attitudes and actions towards RNFA

• “I felt like my experience was being taken away from me to give it to them (PAs) so they could get on par; so they could start working and do their job. So I was kind of pushed aside a little bit because we needed to get those people up and going rather than RNFA students and train them to be employed and work at my facility...I really wanted to take on more of an RNFA role but it was taken away at my facility by PAs because we just hired two PAs to come in and basically do all the assisting. So that left me looking to other venues like surgi-centers, which I work at two other surgi-centers now, just to try to fill in that role as the RNFA.”
Theme 2: Health Care providers’ attitudes and actions towards RNFAs

• “Switching back and forth really divides your focus.”
• “My hands were tied, there were staffing issues and they couldn’t free me up to function consistently as an RNFA.”
• “There is competition between the RNFA and the PA. The belief, there is still the belief, it still exists that the PA is the better clinician than the RNFA.”
• “‘That’s my surgeon phenomenon,’ meaning there is possessiveness to holding onto their surgeon and not allowing others into the procedure.”
• “Some people make sure you don’t get in there. That is the job they’ve decided they are entitled to do.”
Theme 3: Satisfaction from the new role of RNFA

- RNFAs make a difference in patient care
- RNFAs have the ability to advocate for the patient and the patient care team
- Transformation into a leadership role
Theme 3: Satisfaction from the new role of RNFA

• “It’s the all around care for the patient; I can work in all aspects of the room...it’s the total encompassing of that care. And it’s exciting to actually be able to suture somebody closed. To actually have your hands on...providing the actual care other than passing the instruments and doing the paperwork.

• “Giving recommendations to the surgeons and then your surgeon will take what you said and try what you recommended and it works.”

• “I find it extremely rewarding...I am in a leadership role...people look to me for answers to different things that are happening in the operating room...it is very rewarding,” and “It is very challenging. I find that I am really excited about work again.”
Theme 4: Engagement in an On-going learning process

- Handling personal fears and developing a level of professional well-being
- Learning the elements of the role (procedures, equipment, politics, resources)
- Building the necessary skill set
- Maturing in the RNFA role
Theme 4: Engagement in an On-going learning process

• “The OR is like walking in my house. I know where everything is, how things go, it’s just like being in my house. It’s like a second home away from home for me being in the OR.”

• “You have to keep in mind you are a novice. One of the most important things and I still say to this day, is what the surgeon taught me, no one is born knowing. I’m smart and I can figure this out...I really need to rely upon my critical thinking skills and know when to ask for help. Those are some of the things that really are the most important tools you have when you transition. You have to remember you are a beginner again. It is humbling.”
Theme 4: Engagement in an On-going learning process

• “I do wish there was more time learning suturing and those kinds of things. I didn’t get a lot of experience doing that in the course. Probably, we practiced suturing for about two days and then we went home and practiced. I worked on it by myself for several months, learning how to suture, trying to do better and learning how to tie and do all those things...I wished it would’ve been more.”

• “Confidence was built from practice” and “I’m much more confident now but I’ve been practicing.”
Conclusions

Multiple personal challenges experienced (academic and clinical)
Personal sacrifices (time to complete requirements/practice)
Controversial encounters

Overwhelming value, worth, and personal pride (Fulfillment)
Varying degrees of support from others and willingness to help
Viewed themselves as patient and care team advocates
Transformation into a leadership role
Vital team member and Giving Back to others
Networking and collaboration
Limitations of Study

- 80% female
- Small sample (20); although saturation obtained
- 4 (15) different RNFA programs represented
- Restricted to AORN RNFA database
Implications for Nursing Practice/Education

- Promote and advocate for RNFA role through legislative authorities
- Marketing RNFA-local and national level
- Promote RNFA utilization and reimbursement
- Residency programs
- Undergraduate nursing disclosure of Periopertive RN and RNFA positions
- Information sharing between nursing practice and education
- Better understanding of RNFA role and enhanced transition programs could increase retention, decrease turnover, increase job satisfaction and support RNFA utilization.
Recommendations for Future Research

• Explore and investigate current ideas and practices
• Faculty and employer perceptions of preparedness of RNFA students
• Patient perceptions of RNFA presence through perioperative care
• Communication and networking to facilitate RNFA transition
• Explore advantages of specific mentor roles post course completion (MD vs. RNFA)
• Job satisfaction, retention rate and factors influencing retention
THANK YOU!
References


References


• Centers for Disease Control and Prevention (2002). Retrieved from [www.cdc.gov/nchs/data/ad/ad329.pdf](http://www.cdc.gov/nchs/data/ad/ad329.pdf)


References


