

Operating Room Experiences and their Influence on the Clinical Confidence of Nursing Students

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DOI: <https://doi.org/10.47772/IJRISS.2026.100800743>

Received: 27 August 2026; Accepted: 01 September 2026; Published: 17 September 2026

ABSTRACT

Operating room (OR) exposure provides nursing students with valuable clinical experiences that may enhance clinical confidence. This study explored the lived experiences of third- and fourth-year nursing students during Operating room exposure, its influence on clinical confidence, the challenges they encountered, and the coping strategies they employed. A qualitative descriptive design with a phenomenological approach was employed. Purposive sampling was used to select nursing students who had completed at least one Operating room rotation. Data were collected through semi-structured interviews and analyzed using thematic analysis based on Creswell and Poth (2018). Four major themes emerged: emotional adjustment and confidence building, learning through exposure and observation, challenges affecting clinical confidence, and coping and adaptation strategies. Participants initially experienced anxiety, fear, and intimidation but gradually developed confidence through repeated exposure, supervision, and clinical practice. Time pressure, unfamiliarity with the Operating room environment, and fear of making mistakes were identified as major challenges, while observation, peer support, and maintaining focus were common coping strategies. It was concluded that Operating room exposure enhanced nursing students' clinical confidence through supportive learning experiences, repeated exposure, and supervised clinical practice. It was recommended that nursing schools strengthen Operating room orientation, clinical supervision, and supportive learning environments and that future studies include larger samples and diverse clinical settings.

Keywords: clinical confidence, nursing students, operating room experience, phenomenology, qualitative research, thematic analysis

INTRODUCTION

Nurses play a critical role in the operating room (OR) in assuring patient safety, maintaining a sterile environment, and assisting the surgical team before, during, and after surgical procedures. Responsibilities include patient preparation, monitoring of physiological status, management of surgical instruments, and prompt response to intraoperative emergencies (Bisma C. 2023).

The nursing students are now placed in different fields in the hospital, and the pressure, stressors, and level of confidence are being tested in each area, especially in the Operating Room (OR). It's one of the most complicated, hectic and, emotionally charged of all the healthcare environments. It requires technical accuracy, strict aseptic procedures, and productive interdisciplinary teamwork. A clinical learning setting imposes various pressures on operating room trainees. All the stressors influenced students' clinical learning (Nahid N. 2021).

Operating room experience and its effects on the self-confidence of a first-time or novice student, it is an experience that involves operational procedures and critical situations. There is no escape from an emergency in this area; it will be accompanied by panic and intense feelings in every individual. Students took dangerous clinical shortcuts due to learning stress in the operating room. The present consequences can be reduced by studying students' anxiety, disappointment, and helplessness in the conditions and challenges of clinical

education; identifying clinical wrong patterns in the care process; and changing the care process provided by the personnel as incorrect role models for students (Taj A. 2024).

The panic and loss of trust within oneself is something nursing students experience, a mechanism within one's individual, physically and mentally when facing a certain scenario, and it tends to disrupt their clinical confidence due to the stimuli they are experiencing. Students who initially lack confidence tend to experience higher levels of stress when placed in highly technical environments similar to the operating room (Leigh, 2008).

Some students thought that they had difficulties in concentration due to their own perceptions that impaired their own self-confidence or created a big impact on their clinical confidence. It is important to know the experiences of these nursing students regarding learning, coping mechanisms and skills related to their self-confidence. Nursing students frequently report high levels of anxiety in clinical placements and this can have a negative impact on learning and performance. This anxiety is because of fear of mistakes, lack of experience and pressure during initial clinical rotations (Moscaritolo, 2009).

Learning and adapting to different types of skills and roles in the operating room environment is difficult, because students have to learn a lot of interventions in the surgical process before, during and after the operation the teaching and learning process in the operating room is distinct from and more complicated than in other clinical settings, because, besides to the three components of patient, professor and student, there are additional factors such as the surgeon, anesthesiologist, surgery ward, and operating room staff teamwork and interdisciplinary collaboration, the variety of procedures in the operating room, workload, large and heavy responsibilities, the speed of action and high precision, rapid entry, exit of patients, unpredictability of work in many cases and, the occurrence of acute and severe emergency situations (Roghayeh Z. 2018).

Nursing students are often introduced to unknown routines within the perioperative setting such as the Operating room and Post Anesthesia Care Unit, which can lead to stress and anxiety. However, positive interactions with staff, particularly physicians, can greatly boost students' confidence in clinical practice within this highly specialize environment (Namara M. 2023).

Barriers to operating theatre learning include lack of clarity of expectations, fear, humiliation and lack of opportunities to participate. Preparation training significantly improves students' confidence, especially in surgical etiquette, observation and active participation (Croghan, 2019).

Nursing students experience anxiety and vulnerability during clinical duties, which is often intensified by the fear of making mistakes or conflicting expectations. The strong support from staff nurses increases the students' confidence and helps them to adapt more comfortably to clinical demands (Hooven, 2015).

The clinical setting has a significant influence on students' learning. Students' learning can be affected by exposure to the challenges of the clinical learning environment. These effects are known to lower the difficulties and increase the level of instruction in these settings (Mohammadi, 2020).

There are a number of supporting factors that influence learning in the operating room for student nurse anaesthetists. These factors include preparation, clear expectations, respectful relationships of supervisors, and constructive feedback. However, constraints such as time limits, disturbing behaviour of the supervisor, noise and heat can have negative impact on learning. Also the learning challenges and supports in the Operating room are similar to those of undergraduate nursing students during clinical placements (Blomberg, 2024).

High pressure in the clinical field includes fear of injuring patients, workload, unfamiliarity with procedures, lack of supervision/mentorship, the theory-practice gap, and high-stakes situations (e.g., operating room/perioperative placements). Operating room assignments are generally described as highly stressful due to technical requirements, sterility standards, rapid team dynamics and observation culture. Qualitative work with Operating room students shows anxiety, role uncertainty and significant stressors around environment (Behzad, 2021).

Operating rooms are one of the most stressful environments, which put the students under extreme

psychological pressure. High anxiety levels resulting from highly technical procedures, unfamiliar equipment and fast-paced workflow can interfere with learning and clinical confidence emphasized that learning in the operating room is influenced by both facilitating and hindering factors. Preparation before duty, clear expectations, positive relationships with supervisors and constructive feedback foster effective student learning and confidence. Stress may be increased and learning impaired by factors such as time pressures, disruptive supervisory behaviour, noise, and heat.

It also observed the similarity of these challenges and supports to those experienced by undergraduate nursing students in clinical placements (Hedlund, 2024).

Clinical nurses and nursing faculty need to work together to provide nursing students with a number of educational strategies and support during clinical practicums, as nursing students often encounter problems due to unfamiliar clinical settings such as the fast-paced, high-pressure settings of operating rooms, the use of complicated medical equipment, and difficulties in working with multidisciplinary teams (kentara, 2025).

Postgraduate nursing students consider the operating room to be a complex and high-stakes environment, which requires strong clinical competence and adaptability. The high demand of the operating room, and the expectations of accuracy and safety of patients, may affect students' confidence, but also encourage advanced learning. Students highlight the value of supportive supervision, structured orientation and adequate hands-on opportunities as these factors enhance their capacity to manage pressure and build clinical confidence in the perioperative environment (Kolstad, 2024).

Nursing students are commonly exposed to significant levels of stress during clinical practice, which is a major component of their overall training. Stress comes from the pressure to perform clinical tasks well, fear of making a mistake, and the emotional burden of patient care. Despite these challenges, students employ various coping strategies to deal with stress, including seeking peer support, employing relaxation techniques, or emotionally distancing themselves from overwhelming situations. It illustrate the impact of learning under pressure in environments such as the operating room on the development of clinical confidence (Chernomas, 2020).

International Journal of Advanced Nursing Studies Nursing students are stressed by both academic and clinical demands; clinical placements are often the most anxiety provoking. Stressors may involve unfamiliar procedures, difficult patient interactions, or feeling unready for real-world clinical responsibilities. These encounters affect the students' perceptions of their clinical learning environment and may facilitate or impede the development of competence and confidence. High stress is often associated with lower self-efficacy, so it's important to understand how environments like the operating room affect performance and learning outcomes (Mazalová, 2022).

As seen in many of the above examples, stress affects memory and learning. The researcher propose that the proximity and context in which stress is experienced should determine whether effects on memory performance are positive or negative. The importance of stress in a learning environment should also be considered (Marian, 2006).

Journal of Medical Education Development consequences of exposing operating room students to clinical learning problems four subcategories (anxiety, feeling helpless in learning, insufficient care, and incorrect modelling) and two categories (learning distress and employing detrimental clinical shortcuts). Students suffered from learning anguish, anxiety, and a sense of helplessness because of conditions and difficulties in the classroom. It was also found that when faced with the current barriers in the clinical learning environment, students were more likely to help the care process and try to provide unprincipled care by imitating the wrong people example (Shirmohammad D. 2024).

This study aims to explore the experiences of nursing students during their exposure to the operating room (OR) learning environment and how these experiences relate to their clinical confidence. It seeks to understand students' perceptions of the factors that influence their confidence and the coping strategies they use while adapting to the demands of the operating room. The findings are expected to provide a deeper understanding of

students' clinical learning experiences in this specialized setting.

The significance of this study lies in its potential to provide insights into nursing students' experiences in the operating room. These insights may help nursing educators, clinical instructors, and academic institutions improve clinical teaching strategies, strengthen curriculum development, and enhance student support programs to better prepare future nurses for surgical practice.

Although previous studies have explored nursing students' clinical experiences in general ward settings and simulation laboratories, limited qualitative research has specifically examined their lived experiences in the operating room and how these experiences relate to clinical confidence. This gap highlights the need for further investigation into the unique challenges, learning opportunities, and coping strategies associated with operating room exposure.

This study focuses on the operating room as a specialized clinical learning environment to gain an in-depth understanding of nursing students' experiences. Rather than establishing cause-and-effect relationships, it aims to explore how students perceive the influence of operating room exposure on their confidence in performing clinical skills, communicating with the surgical team, and adapting to the demands of surgical practice.

OBJECTIVES

This study sought to explore the lived experiences of nursing students during their clinical exposure in the Operating Room and how these experiences shaped their clinical confidence.

Specifically, the study was guided by the following research questions:

1. How do nursing students describe their experiences in the operating Room setting?
2. In what ways do these experiences influence the development of their clinical confidence?
3. What factors within the operating room environment do students perceive as challenging to their confidence?
4. What strategies do nursing students used to cope with or adapt to challenges of being assigned to the operating room?

METHODOLOGY

This chapter presents the research method of the study. It includes discussions on the research design and methods covering the research environment, research participants, research instruments, data-gathering techniques, data analysis and ethical consideration in conducting research.

This study employed a qualitative descriptive research design using a phenomenological approach to explore nursing students lived experiences in the operating room. A qualitative design is useful because it delivers a clear, comprehensive summary of participants' experiences while remaining true to their natural language and interpretations (Colorafi, 2016). Qualitative design is commonly utilized in nursing research to comprehend clinical surroundings, emotions, and behaviors in a way that captures real-world experiences without relying heavily on theoretical abstraction (Bradshaw, 2017).

A phenomenological approach is used in the study to elicit the meaning and essence of students lived experiences during Operating room exposure. Phenomenology is very applicable to nursing education because it focuses on how individuals interpret emotionally intense and high-stress circumstances (Matua, 2015). By recording personal views, interpretations, and emotional responses, phenomenology allows the researcher to explore how Operating room exposure influences students' perception of competence, stress, fear, and building clinical confidence.

The phenomenon of interest in this context is clinical confidence in the operating room, when trainees deal

with sterile procedures, time-sensitive assignments, and high expectations that could affect their confidence as new practitioners. Phenomenology is appropriate when describing how a phenomenon is consciously experienced by humans, according to modern qualitative scholars (Neubauer, 2019).

The study can concentrate on students' subjective interpretations while still generating clear, useful insights that can be used in nursing education and training thanks to this combined qualitative descriptive–phenomenological design, which allows the collection of rich, meaningful, and context-specific accounts. Therefore, the study's goal of determining how Operating room exposure influences nursing students' development of clinical confidence in a high-pressure setting is supported by the selected research design.

This study was conducted in one of the higher education institutions in Zamboanga del Sur, specifically focusing on the Operating Room (OR) environment, recognizing it as a complex, fast-paced, and emotionally intense clinical setting. It was an area that strictly demanded technical precision, adherence to aseptic protocols, and effective interdisciplinary collaboration, creating a high-pressure environment where students inevitably faced psychological stress. Within this critical space, which involved meticulous procedures and potential emergency scenarios, the Operating room ultimately challenged students' self-assurance and initiated their professional development. The operating room was an environment where aseptic technique was practiced and was divided into three (3) zones, with the last zone being the sterile field, also referred to as the theater or zone of sterility, which was always applied and implemented. It was air-conditioned and was maintained in a clean condition at all times, with orderly arrangements and proper sterilization of instruments that were used during every operation.

The participants of this study were third- and fourth-year nursing students from one of the private schools in one of the municipals in Zamboanga del sur, who had completed at least one operating room (OR) rotation or were undergoing their first operating room exposure. The researchers selected a total of ten (10) participants, consisting of five (5) third-year and five (5) fourth-year nursing students, based on the established inclusion criteria. These participants were chosen because nursing students at Levels III and IV had already been assigned to the operating room as part of their clinical training or had begun their clinical exposure in this area during these levels. Consequently, they were considered appropriate participants for the study, as they were able to provide relevant insights into their experiences of operating room exposure and its perceived influence on their clinical confidence.

A purposive sampling technique was be used to select participants who can provide rich, relevant, and meaningful data about their Operating Room experiences. Purposive sampling is a collection of non-probability sampling methods where units are chosen based on the qualities you require in your sample. Purposive sampling, also known as judgmental sampling, selects units "on purpose" based on the researcher's judgment in determining and choosing the people, situations, or occurrences that can provide the most information to meet the study's goals (Nikolopoulou, 2023).

The Sampling technique were being selected to be used because of its method where the participants are being selected accordingly to the criteria that the researcher have set or judgement depending on their duty experiences where the participants should have a completed operating room rotation within the current academic year and are willing to participate voluntarily, and exclusion for those students without operating room exposure.

This study utilized a qualitative research instrument in the form of a semi-structured interview guide to explore how Operating room (OR) exposure affects the clinical confidence of nursing students. The goal of qualitative research tools is to comprehend context, meaning, and experiences (Dhanya, 2025).

The researchers used a semi-structured interview guide as the primary research instrument to explore the experiences of nursing students during Operating Room (OR) exposure and its influence on their clinical confidence. The interview guide consisted of open-ended questions aligned with the objectives and Statement of the Problem of the study and covered the participants' emotional experiences, learning through exposure and observation, challenges affecting clinical confidence, and coping and adaptation strategies. The interview guide was reviewed and validated by qualified experts to ensure the clarity, relevance, and appropriateness of

the questions. After validation, the researchers made the necessary revisions based on the experts' recommendations. Prior to each interview, the researchers provided the participants with an informed consent form and explained the purpose of the study, the voluntary nature of participation, confidentiality, and their right to withdraw at any time. The interviews were conducted individually in a suitable setting, and participants were allowed to express their experiences freely. With the participants' consent, the interviews were audio-recorded to ensure accurate documentation of their responses and were subsequently transcribed for data analysis.

The research domain is semi-structured interview are also frequently used in field research with numerous interviewers, providing the same theoretical framework while enabling them to explore various aspects of the research issue (Tegan, 2022).

The data gathered from the participants were examined using Thematic Analysis, specifically the method of Creswell and Poth (2018). This approach provides a systematic process for organizing, interpreting, and deriving meaningful themes from participants' narratives. Through this method, the researchers were able to identify recurring patterns and develop themes that accurately reflected the lived experiences of nursing students regarding their operating room exposure and its influence on clinical confidence.

Initially, all semi-structured interviews were audio-recorded with the participants' consent and transcribed verbatim to ensure the accuracy and completeness of the collected data. The researchers carefully reviewed each transcript while comparing it with the original recordings to verify that the participants' responses were accurately represented. Field notes taken during the interviews were also organized and incorporated to provide contextual information that supported the interpretation of the participants' narratives.

Following transcription, the researchers repeatedly read the interview transcripts to become thoroughly familiar with the participants' experiences and to gain an overall understanding of the data. During this stage, preliminary ideas, recurring concepts, and significant statements related to the research questions were identified. This process allowed the researchers to immerse themselves in the data before beginning formal coding.

The researchers conducted open coding by examining each transcript line by line and assigning descriptive codes to meaningful words, phrases, and statements that reflected the participants' experiences, perceptions, and viewpoints. Responses that conveyed similar meanings were assigned similar codes to facilitate comparison across participants. The coding process remained inductive, allowing concepts to emerge directly from the participants' narratives rather than imposing predetermined categories.

After the initial coding process, related codes were systematically compared and grouped into broader categories according to their conceptual similarities. These categories were further synthesized into overarching themes and subthemes that represented the common patterns observed across the participants' responses. The themes were developed based on their relevance to the Statement of the Problem and were supported by direct quotations from the participants to preserve the authenticity of their lived experiences.

Lastly, once the themes had been established, the researchers interpreted the findings by describing the meaning and significance of each theme in relation to the study's objectives. The themes were compared with existing literature and related studies to determine areas of convergence and divergence and to provide a comprehensive explanation of the findings. Throughout the analysis, the researchers reviewed the coding and thematic development to ensure that the themes accurately represented the participants' narratives. Direct quotations were incorporated into the presentation of the findings to strengthen the credibility of the results and demonstrate that the themes emerged from the participants' own lived experiences.

Using Creswell and Poth's (2018) qualitative data analysis framework enabled the researchers to systematically transform raw interview data into meaningful themes, thereby providing a comprehensive understanding of how operating room exposure influences the clinical confidence of nursing students.

The study investigated the lived experiences of third- and fourth-year nursing students during their exposure to the Operating Room (OR) using semi-structured interviews as the primary method of data collection. The data

gathering procedure was carried out through the following steps:

Preparation of the interview guide, the researchers formulated a semi-structured interview guide based on the objectives and Statement of the Problem of the study to facilitate the collection of relevant information from the participants.

Expert validation of the interview guide, before conducting the interviews, the researchers sought the approval and validation of research experts to ensure the relevance, clarity, and appropriateness of the interview guide. Necessary revisions were made based on the experts' recommendations.

Participant recruitment, after obtaining the necessary approval, the researchers identified and selected qualified third- and fourth-year nursing students who met the inclusion criteria of the study.

Securing informed consent, the selected participants were provided with informed consent forms explaining the purpose of the study, the voluntary nature of participation, confidentiality of their responses, and their rights as participants. Only those who voluntarily agreed and signed the informed consent form were included in the study.

Scheduling of the interviews, after informed consent had been obtained, the interviews were scheduled at a date and time convenient for the participants. Depending on their availability, the interviews were conducted either face-to-face or through an online platform. Before each interview, the researchers ensured that the interview guide and the necessary audio-recording equipment were prepared.

Conduct of the Semi-structured interviews, at the beginning of each interview, the researchers explained the purpose of the study, assured the participants of the confidentiality of their responses, and reiterated that participation was voluntary. Participants were encouraged to freely share their ideas, feelings, challenges, and experiences regarding their exposure to the Operating Room and its influence on their clinical confidence. Each interview lasted approximately 30 to 45 minutes.

Audio recording of the interviews, with the participants' permission, all interviews were audio-recorded to ensure the accuracy and completeness of the information gathered during each interview session.

Transcription of the interview data, after the completion of each interview, the audio recordings were transcribed verbatim. The transcripts served as the primary data for the thematic analysis and ensured that the participants' responses were accurately documented for subsequent analysis.

The researchers obtained written informed consent from all participants before data collection. The purpose, procedures, possible risks and benefits, and participants' rights were explained, and sufficient time was provided for questions and clarification.

Informed Consent. Written informed consent was obtained from each participant before the interview. The researchers explained the purpose and procedures of the study, possible risks and benefits, and the participants' rights before their participation.

Privacy and Confidentiality. The researchers protected the privacy and confidentiality of the participants by removing personal identifiers from transcripts and research records and assigning codes or pseudonyms. Information obtained from the interviews was used solely for research purposes and was not disclosed to individuals outside the research team.

Voluntary Participation. The researchers informed participants that participation was voluntary and that they could decline participation or withdraw from the study at any time without academic, personal, or professional consequences. No coercion or undue influence was used during recruitment or data collection.

Protection from Harm. The researchers took measures to minimize possible emotional or psychological discomfort during the interviews. Participants were allowed to decline questions, pause the interview, or withdraw from the study whenever they experienced discomfort.

Data Security and Management. The researchers stored audio recordings, transcripts, consent forms, and other research records in password-protected files accessible only to the research team. Personal information was kept confidential, and the collected data were retained only for the period necessary to complete the study before appropriate disposal or permanent anonymization.

Research Integrity. The researchers accurately recorded, transcribed, analyzed, and reported the collected data. The researchers maintained honesty and objectivity and avoided fabrication, falsification, manipulation, or intentional omission of research findings.

RESULTS AND DISCUSSION

This chapter presents the results and discussions gathered by the researchers through the process of conducting an interview guide questionnaire regarding the study titled “Experiences of the Nursing Students in the Operating Room (OR) Setting in Nursing Students”.

Nursing Students’ Experiences in the Operating Room Setting

This section examined the experiences of the nursing students in how they describe their exposure to the operating room setting. It presents their own insights, perceptions and, narrative reflection. The participants shared a wide range of emotions, observations, and realizations during their operating room exposure. Accordingly to this problem, two (2) main common themes was formulated from this statement of the problem and these are the: Emotional adjustment through nervousness, intimidation and, excitement and Learning Through Exposure and Observation

Emotional Adjustment through Nervousness, Intimidation and, Excitement. It describes the process of emotional adaptation of the participants to the operating room environment with the gradual formation of self-confidence. Many students expressed that they were at first nervous, intimidated, and unwilling, but with exposure to, observation of, and participation in successful tasks over time, they became more comfortable and confident in the clinical setting. This evidently shown in the following responses: Ten (10) out of ten (10) participants claimed that emotional adjustment through nervousness, intimidation and, excitement.

“It was both exciting and intimidating because I felt nervous since, one man, everything was new to me, such as ang lahang sterile field, the fast pace, and the serious atmosphere. At the same time, I was... So I felt a bit of fear and excitement because I did not want to make mistakes. But ganahan ko nga ang mga gain ko og experience, to understand how critical procedures are done.” [Operating room was both exciting and intimidating due to the unfamiliar sterile environment, fast pace, and fear of making mistakes, while also feeling eager to gain experience and learn critical procedures.] P1

“During my first exposure to the operating room, of course, I was really nervous and intimidated because the sterile technique was strict and the procedures were fast-paced. So at first, I was afraid of making mistakes.” [During the first operating room exposure, the student felt nervous and intimidated by the strict sterile technique and fast-paced procedures but was also excited to learn.] P2

“intimidated because nahadlok jod ko nga masayup ko tapos the backlash of the mistake that i made im sure it will surely affect me and the patient safety itself, mao nang careful” [The participant expressed feelings of intimidation and fear of making mistakes in the operating room, recognizing that errors could negatively affect both personal confidence and patient safety.] P2

“I felt nervous at that time. Though the excitement part... Or how would I describe it? It was thrilling. At the same time, I felt excited for the procedures that we were about to partake. And it represents me as a muragiod siya og makaingon ta, or we could call it as a culture shock, pagyod, during. If napata sa laing bansa, we could call it as a culture shock. Masyak giod ka during the procedures and the interventions.” [During the first operating room assignment,

the student felt nervous yet excited, while the unfamiliar and meticulous procedures created culture shock, fear, and concern for the patient.] P3

“my first exposure in operating room was very overwhelming but also exciting. When I got in, I immediately felt the seriousness of the environment. Everyone was focused and moving with purpose. I felt nervous because everything was new to me, especially the sterile field and the strict protocols. At the same time, I was curious and eager to learn because I knew that this was a valuable experience for me as a nursing student.” [The student’s first exposure to the operating room was overwhelming yet exciting, as the unfamiliar sterile environment and strict protocols caused nervousness while also creating eagerness to learn.] P4

“My first exposure to the operating room felt like entering a completely different environment compared to the usual ward setting. It was very structured, quiet but intense, and everything seemed highly controlled. At first, I felt very nervous because I was afraid of making mistakes, especially when it comes to maintaining sterility. At the same time, I also felt proud and excited because being in the OR made me feel closer to the real responsibilities of being a nurse. So overall, it was a mixture of anxiety and motivation, because I knew that this experience would help me grow.” [The student’s first exposure to the operating room was structured and intense, causing anxiety about making mistakes while also creating pride, excitement, and motivation to grow professionally.] P5

“My first exposure to the operating room was very intimidating and pressure- filled. From the moment I entered, I became very conscious of every movement I made because I was afraid of contaminating the sterile field. The environment was quiet but intense, and I could feel the seriousness of everyone’s roles. I felt nervous and cautious, but at the same time, I was motivated to learn because I knew that this was an important part of my training.” [The student’s first exposure to the operating room was intimidating and pressure-filled, causing nervousness about contaminating the sterile field while also creating motivation to learn.] P6

“My first exposure in the operating room was quite exciting and nerve racking because of it being our first time we really don’t know what to expect except the things and procedures thought by our Clinical Instructors and It made me confident on my own abilities and may influence be to be an OR nurse in the Future.” [The student’s first exposure to the operating room was exciting yet nerve-racking due to unfamiliarity and uncertainty about what to expect, though the experience increased the confidence in personal abilities and influenced interest in becoming an operating room nurse.] P7

“My first exposure to the operating room was very overwhelming but also deeply meaningful. When I entered, I immediately noticed how controlled and disciplined everything was. The silence, combined with the focused movements of the surgical team, made the environment feel intense. I felt intimidated because I was very aware that even a small mistake could have serious consequences. However, I also felt a sense of purpose because I knew I was witnessing something important. I was mostly quiet during that time, trying to absorb everything through observation.” [The student’s first exposure to the operating room was overwhelming yet meaningful, as the controlled and disciplined environment felt intense and intimidating.] P8

“My first exposure to the operating room was very interesting but also mentally overwhelming. I was curious about everything I saw, especially the instruments and procedures. However, there was so much happening at once that I found it difficult to process everything. I felt both excited and pressured because I wanted to understand everything quickly.” [he student’s first exposure to the operating room was interesting but mentally overwhelming due to the many instruments and procedures happening at once.] P9

“My first exposure to the operating room was very challenging and stressful. I felt unprepared at the beginning because the environment required a high level of precision and awareness. I

was nervous and afraid of making mistakes, especially since everything needed to be done correctly. Despite that, I was determined to learn and improve.” [The student’s first exposure to the operating room was challenging and stressful, causing nervousness and fear of making mistakes while remaining determined to learn.] P10

In early clinical experiences students often experience anxiety, fear and uncertainty when entering unknown healthcare environments. They gain confidence in doing clinical tasks and speaking with health care professionals as they slowly become emotionally comfortable with the setting (Phillips, 2021). Emotional adjustments do happened in operating room especially when moments of emotional surge occur: nervousness, fear, and anxiety due to their first exposure to the operating room because of its strict protocols, fast-paced environment, and high level of responsibility. Overall, the theme shows that emotional adjustment and confidence were built through experience, determination, and dedication to have a continuous learning because when you learned, your confident enough to do any skills or theories inside the operating room. Nursing students frequently experience anxiety during their first clinical practice due to unfamiliar surroundings, fear of making mistakes, and concerns about performance (Sharif, and Masoumi, 2005).

Learning is closely associated with the development of confidence among nursing students. As students gain knowledge, practice skills, and engage in clinical experiences, their belief in their ability to perform nursing responsibilities improves (Koukourikos, 2021).

Learning Through Exposure and Observation. It is the process by which knowledge, skills, and understanding are acquired by students in nursing through direct exposure to the environment of the operating room and through observation of the actions, procedures, communication, and teamwork of health-care professionals. Students learn through real-life clinical situations and careful observation of actual practice rather than classroom instruction alone. This evidently shown in the following responses: Six (6) out of ten (10) participants claimed that Learning through exposure and observation was a description of there experiences in the operating room.

“So, I was allowed to observe surgeries, being assisted with simple tasks like preparing supplies and help in transporting our positioning, I was not allowed to perform sterile procedures or therapy assist in surgery because I was still a student. So this made me feel a little disappointed because I wanted to do more hands-on activities. But I also understand that patient safety is the priority. So it made me realize the importance of proper training before performing critical tasks.” [The student was allowed to observe surgeries and assist with simple tasks but was not permitted to perform sterile procedures, while recognizing that patient safety and proper training are priorities.] P1

“I was allowed to help prepare instruments and observe the surgery. I wasn't allowed to handle sterile instruments alone yet, so I felt a bit limited, but I understood it was for patient safety.” [The student was allowed to prepare instruments and observe the surgery but was not permitted to handle sterile instruments independently, which felt limiting but was understood as necessary for patient safety.] P2

“I was allowed to observe surgeries and assist in simple tasks like preparing materials and positioning the patient. I was not allowed to handle sterile instruments or assist directly in the procedure. I felt slightly disappointed because I wanted to be more hands-on, but I understood that patient safety is the priority.” [The student was allowed to observe surgeries and assist in simple tasks but was not permitted to handle sterile instruments or assist directly in the procedure, which caused slight disappointment but was understood as necessary for patient safety.] P4

“I was allowed to observe closely, assist in preparing some materials, and help with positioning the patient. However, I was not allowed to perform sterile procedures or directly assist during the surgery. At first, I felt limited and slightly disappointed because I wanted to try doing more hands-on tasks. But as I reflected on it, I realized that these restrictions were important for

patient safety and for us to learn gradually. It made me more aware that skills in the OR require proper training and experience.” [The student was allowed to observe, prepare materials, and assist in patient positioning but was not allowed to perform sterile procedures or directly assist in surgery, causing slight disappointment while recognizing the importance of patient safety and proper.] P5

“A positive situation occurred when I was allowed to observe a procedure closely and could clearly see how the team coordinated their roles. It helped me understand the flow of the operation.” [Close observation of the procedure improved understanding of team coordination, while unclear instructions caused confusion and disconnection.] P8

“It motivated me to become more prepared and disciplined. I realized that I need to improve both my knowledge and practical skills to perform effectively in such environments.” [The experience motivated the student to become more prepared, disciplined, and improve both knowledge and practical skills.] P10

Simulation-based studies found that structured observation and guided scenario learning significantly improve nursing students’ self-confidence, critical thinking, and technical competence. Watching demonstrations before actual performance allows students to mentally prepare and reduce anxiety during real clinical tasks (Labrague, 2023). Learning through exposure and observation became an essential part of nursing students’ operating room experiences. The students was able to learn because of those exposures and observations making their experiences as meaningful to acquire skills at the same with knowledge increasing the rate of mastery in a certain area. Although students were often limited from performing invasive or sterile procedures, they still considered observation and participation in simple tasks as valuable learning opportunities. Learning through exposure and observation is recognized as an essential component of nursing education, particularly in specialized clinical areas such as the operating room (Benner, 2020).

Influence of Operating Room Experiences on the Development of Clinical Confidence

This section explores operating room Influences of the students experiences for development of confidence, through the participants shared personal thoughts and experiences the researchers were able to formulate two (2) major themes from the statement of the problem and these are: Clinical Skill Enhancement and Guidance and Support in Learning.

Clinical Skill Enhancement.. It aims at improving the technical awareness, practical knowledge and understanding of sterile techniques and surgical procedures as well as patient safety of the participants. Their exposure to the operating rooms helped them make the link between what they learned in the classroom and what they experienced which helped them develop their clinical competence. This evidently shown in the following responses: Seven (7) out of ten (10) participants claimed that Operating Room Experiences influences nursing students development of confidence through clinical skill enhancement.

“My confidence in performing clinical tasks slowly increases. At first, I was unsure of my skills but as I observed more procedures and became familiar with the environment, I felt more comfortable and I learned the importance of preparation, thinking, and teamwork. which helped me trust my abilities more. So I am more now, I am now more confident in following instructions and performing tasks under supervision.” [Repeated exposure to the operating room increased the student’s confidence, comfort, and trust in performing clinical tasks under supervision.] P1

“There was a moment when I was able to assist in preparing instruments and supplies correctly and without being corrected. So I also learned how to maintain sterility and anticipate what the team needed during the procedure. And when I realized that I could do this task properly, my confidence increased because I felt that I was becoming more useful and confident as a student.” [Successfully preparing instruments, maintaining sterility, and anticipating team needs boosted the student’s confidence and sense of usefulness.] P1

"So after day one, OR exposure, my confidence in assisting and following sterile techniques increased." [After initial operating room exposure, the student's confidence in assisting and following sterile techniques increased.] P2

"My confidence gradually improved. At first, I was very unsure, but as I observed more and became familiar with the environment, I felt more comfortable and confident in following instructions." [Repeated exposure and familiarity with the operating room gradually improved the student's confidence and ability to follow instructions.] P4

"During my experiences in the operating room, wala pajod ko kabalo sakong unsa akong buhaton at first but yes through the process jod naka kat-on jod kog mga skills that really will benefit me even in the wards, mga catheterization, mga dressing, mga pag prep or mga skin prep, mga aseptic control mga ing ana more skillfully jod ko" [The participant emphasized that operating room exposure contributed to gradual learning and improvement of essential clinical skills, increasing competence in both operating room and ward-based nursing care.] P6

"Well there was one time that I was almost late when I was the Student circulating nurse which lead me to doubt my confidence, because of that experience I mastered myself to more active and prepare early on..... what do you call it? yeah! be punctual" [Being almost late as a student circulating nurse affected the student's confidence but encouraged greater preparedness and punctuality.] P7

"It influenced me by strengthening my ability to observe carefully and think critically. I realized that not all learning requires direct action; sometimes, careful observation can provide valuable insights. In the future, I will apply this by being more attentive and mindful of details in clinical practice." [The experience strengthened careful observation, critical thinking, and attentiveness in future clinical practice.] P8

It motivated me to become more prepared and disciplined. I realized that I need to improve both my knowledge and practical skills to perform effectively in such environments." [The experience motivated greater preparation, discipline, and improvement of knowledge and practical skills.] P10

Nursing students develop greater confidence and clinical competence through repeated exposure, observation, and supervised participation in clinical settings. As students become familiar with procedures, sterile techniques, and healthcare environments, their confidence in performing nursing tasks gradually improves. Clinical exposure allows students to apply theoretical knowledge into practice, strengthen technical skills, and increase self-trust in performing responsibilities under supervision. Preparation, guided learning, and repeated practice were also found to enhance students' confidence in carrying out clinical procedures effectively (Meyer R, 2016).

Clinical skills can enhanced through observation, repeated exposure, and supervised participation, students enhanced their technical abilities such as preparing instruments, assisting with patient positioning, and handling materials appropriately. They also developed competence in maintaining sterile technique, identifying surgical instruments, and understanding their specific functions during procedures. Overall, these experiences influences the students' to improve and acquire clinical confidence.

It has been demonstrated that practicing technical skills on virtual models improves technical performance in the operating room. By releasing cognitive capacity, it may also increase the acquisition of other skills (Palter, 2011).

Guidance and Support in Learning. It concerns the support, oversight, instruction and motivation provided by nurses, clinical lecturers and operating room staff that assisted nursing students to learn effectively, perform tasks properly and develop confidence during their operating room exposure. This evidently shown in the

following responses: Seven (7) out of ten (10) participants claimed that Operating Room Experiences influences nursing students development of confidence through the guidance and supportive learning.

“When the staff and clinical instructor guided me and explained to us what was happening during the surgery, being allowed to observe closely and understand the roles of each member made me feel included and motivated.” [Guidance and clear explanations from staff created a positive and motivating experience] P1

“So the availability of guidance and supervision increased my confidence because I knew someone was watching over me and i-correct na po nila kung sa’y mali sa panginap ng hands. And when a nurse or instructor stayed near me and guided my actions, I felt more secure and willing to participate. So with proper guidance, I felt unsure and afraid to ask.” [Guidance and close supervision from nurses or instructors increased the student’s confidence, security, and willingness to participate.] P2

“Positive experiences would be the guidance of the nurses there, the supervising nurses and also with your clinical instructor” [The experience was positive because of the guidance from nurses and the clinical instructor.] P3

“A positive experience was when one of the nurses explained the procedure while it was ongoing. It helped me understand what was happening and made me feel included.” [The experience was positive when a nurse explained the procedure and made the student feel included.] P4

“One positive situation was when the circulating nurse took time to explain the procedure and the purpose of each instrument. That made me feel included and helped me understand what was happening, instead of just observing without context” [The experience was positive when the circulating nurse explained the procedure and instruments.] P5

“A positive experience was when the clinical instructor guided us step by-step and explained what was happening during the procedure. It helped me feel less anxious and more aware of my role.” [The experience was positive when the clinical instructor provided step-by-step guidance.] P6

“Supportive staff encouraged me to ask questions, which improved my confidence.” [Supportive staff encouraged questions and improved the student’s confidence.] P9

Clinical guidance plays a vital role in creating supportive learning experiences for nursing students during clinical exposure (Bisholt, 2020). Supportive learning environments are characterized by approachable mentors, respectful communication, and opportunities for students to ask questions without fear of criticism (Löfmark, 2021).

Guidance and support are essential in promoting confidence, learning, and successful adaptation in the operating room. It enhances students' confidence and boosts their ability to learn and grow. Guidance in terms of learning will lead you to a track that can make the students understand and follow instructions in the operating room and not lost themselves in thoughts during each procedure. Guidance during learning activities plays a critical role in directing students’ attention, encouraging cognitive engagement, and helping them stay focused on tasks (Chase, 2019).

Challenging Factors Affecting Students’ Clinical Confidence in the Operating Room

Operating room have a factors that students perceived as challenging towards confidence, depending on their experiences in the operating room, accordingly to the third Statement of the problem through the students responses the researchers were able to formulate two (2) major themes: Time pressured and Limited communication factors and, Fear of errors and responsibility.

Time Pressured and Limited Communication Factors. Refer to the challenges experienced by nursing students in the operating room due to the fast-paced surgical environment and limited opportunities for communication and guidance. These factors create uncertainty, anxiety, hesitation, and reduced clinical confidence because students have insufficient time to process information, ask questions, or fully understand instructions while performing their roles. This theme highlights how the urgency of surgical procedures and restricted communication negatively influence students' confidence and learning during operating room exposure. This evidently shown in the following responses: Eight (8) out of ten (10) participants claimed that two factors in the Operating Room are Time pressure and lack of communication, that greatly challenged their confident.

Dapat manohan pa ka ng sterile field lagi. And the seriousness of the environment and limited communication during surgery also made me feel unsure because I did not always know what was happening or what I should do next. [The strict sterile field, serious atmosphere, and limited communication during surgery decreased the student's confidence and created uncertainty.] P1

"The environmental factors that challenged my confidence the most were time pressure and complexity of the equipment. So everything had to be done quickly and accurately. It made me feel anxious. And unfamiliar machines and instruments also made me afraid of touching the wrong thing. Although the operating room was not very noisy, the urgency and seriousness of the situation made me feel pressured and less confident." [Time pressure, urgency, and unfamiliar equipment challenged the student's confidence and caused anxiety.] P1

"Challenged my confidence the most was time pressure, the noise, the complex equipment, and the high expectations were the most challenging for my confidence." [Time pressure, noise, complex equipment, and high expectations were the main factors that challenged the student's confidence in the operating room.] P2

"For the surgeons, I can't really say that they are a factor to feel more confident because they will really degrade you if you don't know what you are doing. I'm not pointing some names but they will shout at you if you did wrong." [Some surgeons were not perceived as contributing to students' confidence because they responded harshly to mistakes, including shouting and degrading remarks when students were unfamiliar with tasks or performed procedures incorrectly.] P3

"So, it would be the time. Time really is the one that would challenge me within the operating room. Because the tools, or the equipments, I could handle them accordingly." [Time pressure, especially during circulating nurse duties and completing the surgical timeout, was the greatest challenge to the student's confidence.] P3

"The strict sterile field and lack of communication at times made me feel unsure." [Strict sterile field rules and limited communication caused uncertainty.] P4

"Time pressure and unfamiliar equipment made me anxious." [Time pressure and unfamiliar equipment caused anxiety.] P4

"The limited communication during procedures also made me unsure of what was happening." [The fast-paced environment, strict sterile field, made the student felt fear of mistakes] P5

"Time pressure and unfamiliar surroundings were the most challenging." [Time pressure and unfamiliar surroundings were the greatest challenges to confidence.] P6

"Limited communication and the fast pace made me feel unsure at times." [Limited communication and the fast-paced environment caused uncertainty.] P8

"Ang palibot moy naka cause nakog kahadlok, due to the seriousness and the doctor keeps

asking for the instrument while also questioning at the same time and the patient is being monitored by every staff” [The participant expressed that the serious operating room environment, constant demands from the doctor, and continuous patient monitoring by staff created fear and pressure, emphasizing the need to remain focused and attentive during procedures.] P9

“Pressure and strict protocols.” [Pressure and strict protocols were the greatest challenges to confidence.] P10

A hospital's operating room is a highly specialized and demanding job that is marked by intricate medical procedures, technical accuracy, and a fast-paced atmosphere. As vital aides to physicians and protectors of patient safety, operating room nurses carry a significant psychological burden that is greater than that of general medical posts (Linjuan, 2024).

Nursing students experienced pressure, anxiety, and uncertainty during their exposure to the operating room. Participants described the environment as fast-paced, highly disciplined, and demanding due to strict sterile protocols, time pressure, unfamiliar equipment, limited communication, and high expectations. These factors negatively affected their confidence and made them feel hesitant and unsure of their actions. Many participants identified time pressure and unfamiliar equipment as major challenges, causing anxiety and fear of making mistakes. Others emphasized that the strict sterile field and limited communication during procedures increased uncertainty and reduced confidence. Some students also experienced emotional pressure from harsh feedback or criticism, which further affected their confidence in performing their roles.

Operating room environment created stress and anxiety due to its fast-paced nature, unfamiliar setting, and strict procedures. These stressors were associated with lower self-confidence among students. However, when students were prepared and oriented to the environment, their confidence significantly improved (Parlak, 2025).

Fear of Errors and Responsibility. This is the tension, stress, and increased responsibility of nursing students in the operating room, knowing that one mistake could jeopardise patient safety, violate sterile procedures, or impact the surgical team. This theme reflects students’ awareness that the operating room is a high-risk area where precision and responsibility are critical. This evidently shown in the following responses: Seven (7) out of ten (10) participants claimed that another one of the factors in the Operating Room is a the Fear of Errors and to be accounted, greatly challenged their confidence. *“Epektibo gyud kaayo kay nakaya man nako nga nag-inusara sa dugay nga panahon.”* [It is very effective because I have managed to live alone for a long time.]

“felt afraid of doing something wrong or contaminating the scary field. I did not immediately understood instructions. I started to feel less confident and more hesitant to act. It affected my confidence because I became more cautious and quiet instead of asking questions or volunteering to help.” [operating room environment caused self-doubt, fear of making mistakes, and decreased confidence.] P1

“intimidated because nahadlok jod ko nga masayup ko tapos the backlash of the mistake that i made im sure it will surely affect me and the patient safety itself, mao nang careful, the area is so meticulously needed for precision and presence of mind jod” [The participant expressed feelings of intimidation and fear of making mistakes in the operating room, recognizing that errors could negatively affect both personal confidence and patient safety. This awareness encouraged carefulness, precision, and the need to maintain focus and presence of mind while performing responsibilities in the operating room.] P2

“There were some constant experiences that I doubt myself and especially during my circulating nurse a circulating role as a student nurse so i was really panic at that time because my surgeon or the surgeon that i am assisting is a terrible one she really loves to throw things up and and say some a questions throw some questions about uh to you so i’m really in panic at

that situation So I doubted myself as a circulating student nurse if I'm really fit to it at that time because I did not finish the surgical timeout. I could not finish it due to the panic. It affected me mentally. I doubted myself that I'm not good enough for this place.” [Pressure from the surgeon and inability to complete the surgical timeout caused panic, self-doubt, and decreased confidence.] P3

“I was constantly worried about making mistakes, especially contaminating sterile areas. The limited communication during procedures also made me unsure of what was happening.” [The fast-paced environment, strict sterile field, made the student felt fear of mistakes] P5

“It made me more hesitant and quiet. Instead of asking questions, I sometimes chose to stay silent because I was afraid of making mistakes or being corrected.” [Fear of mistakes or correction made the student hesitant, quiet, and less likely to ask questions.] P6

“kuan man gud their were moments where I was truly frightened by the procedures, especially... when you know where opening a human being so grabe jod cause one mistake and that is your responsibility to handle, and your CI will also took some damage, a really meticulous area” [The student was very fearful in the operating room procedures because he knew that if he made even a little mistake, it had serious consequences, and if a mistake occurred, the student was responsible as well as the clinical instructor due to the detailed nature of this environment.] P7

“Yes, especially after making mistakes or being corrected. It made me question my abilities.” [Making mistakes or being corrected caused the student to question personal abilities.] P10

Experienced fear of making mistakes, fear of failure, and anxiety during their first clinical exposure. These fears affected their performance and confidence. At the same time, students became aware of the serious responsibility involved in patient care, which motivated them to be more careful and accountable in performing nursing tasks (Sharif and Masoumi, 2005).

Fear of errors and responsibility in the operating room because nursing students experienced anxiety, panic, hesitation, and self-doubt due to the fear of making mistakes in the operating room. They understood that errors could affect patient safety, sterile procedures, and team performance, students felt intense pressure to perform correctly. This fear is a challenged for them to overcome it and be more confident with what they are about to do during their exposure in the operating room.

Operating room is a challenging environment where students commonly experience fear of making mistakes, and this fear can negatively affect learning and confidence. It emphasized that because the operating room involves patient safety and strict procedures, students become more aware of their professional responsibilities and the need to perform tasks carefully and correctly (Back, 2021).

Coping and Adaptation Strategies of Nursing Students in the Operating Room

Strategies in the operating room that nursing students used to cope or adapt to be able to keep up to the challenges of being assigned in that area. Accordingly to the responses of the participants for the fourth statement of the problem, the researchers were able to formulate two (2) central themes: Successful task performance strengthens self-beliefs and, Maintaining Composure and Focus to Manage Operating Room Pressure.

Confidence Development Through Accurate and Independent Task Performance. the way in which nursing students develop clinical self-confidence by completing assigned tasks correctly and error-free or with little to no help from others (Bandura, 1986). This evolution occurs as students are able to accurately follow procedures, apply their knowledge to actual clinical situations and complete responsibilities independently, resulting in a sense of competence, self-reliance and professional growth within the operating room environment. This evidently shown in the following responses: Seven (7) out of ten (10) participants claimed that Confidence Development Through Accurate and Independent Task Performance are part of the students

strategies, as challenges to cope or adapt in the operating room.

“There was a moment when I was able to assist in preparing instruments and supplies correctly and without being corrected. So I also learned how to maintain sterility and anticipate what the team needed during the procedure. And when I realized that I could do this task properly, my confidence increased because I felt that I was becoming more useful and confident as a student.” [Successfully preparing instruments, maintaining sterility, and anticipating team needs boosted the student’s confidence and sense of usefulness.] P1

“Yes, when I was able to assist in preparing the needed materials correctly without being corrected. That moment made me feel capable and boosted my confidence.” [Successfully preparing materials and completing tasks without correction increased the student’s confidence and sense of capability.] P4

“following a sequence of instructions correctly without needing repeated guidance. I helped prepare materials and positioned them properly, and no one corrected me. That moment made me feel that I was learning and improving.” [Successfully following instructions and preparing materials without correction increased the student’s confidence and sense of improvement.] P5

“My confidence improved gradually. Although I was very nervous at first, I became more comfortable as I gained familiarity with the environment and procedures.” [Familiarity with the operating room environment and procedures gradually improved the student’s confidence.] P6

“Became confident for I proved that I was competent enough to do my assigned task in the OR.” [Successfully completing assigned tasks in the operating room increased the student’s confidence in personal competence.] P7

“It was when the Doctor praise me for my work” [Praise from the doctor boosted the student’s confidence and sense of achievement.] P7

“My confidence increased when I was able to follow the sequence of a procedure and anticipate what the team would need next, even without being told. That moment made me feel that I was learning effectively.” [Successfully following procedural sequences and anticipating team needs increased the student’s confidence and sense of learning.] P8

When I was able to correctly identify instruments and understand their use during the procedure. [Correctly identifying instruments and understanding their uses increased the student’s confidence.] P9

“When I was able to perform a task correctly without needing assistance.” [Successfully performing a task without assistance increased the student’s confidence] P10

Nursing students’ confidence significantly increases when they successfully perform clinical procedures and receive constructive feedback from instructors. Hands-on accomplishment of tasks helps students feel competent, useful, and more prepared for future responsibilities. Repeated successful experiences in clinical settings were associated with stronger self-belief and professional growth (Thomas and Kassam, 2012).

Confidence Development Through Accurate and Independent Task Performance, it strengthens the students confidence for the fact that a success in every procedures, task, and errands that are being given to the student in the operating room from the surgeons, staffs, and clinical Instructors, are opportunities to prove themselves and doing it properly without a mistake or problem will contribute greatly towards a students mind for being useful and being able to keep up in the area, the praises of success is an acknowledgement making the students be proud towards themselves and motivated them be confident.

Nursing students developed greater confidence in themselves through the successful completion of assigned tasks in the operating room. The participants’ responses revealed that confidence was not built only through

observation or instruction, but also through actual performance of responsibilities such as preparing instruments and materials, maintaining sterility, following procedural sequences, assisting the surgical team, and completing tasks without being corrected. These successful experiences made students feel capable, useful, and more certain of their abilities within the clinical environment.

Several participants described increased confidence after performing tasks accurately and independently. For some students, being able to prepare materials correctly without correction gave them a sense of capability and progress. Others shared that anticipating the needs of the surgical team, following instructions properly, or performing a task without assistance strengthened their belief that they could function effectively in the operating room. Positive feedback, such as praise from a doctor, also reinforced their confidence and created a sense of achievement.

Students were able to perform nursing tasks successfully and apply their knowledge in real situations, they developed greater self-confidence and trust in their own abilities. Positive clinical experiences and successful performance were seen as important factors in building professional confidence (Lundberg, 2008).

Maintaining Composure and Focus to Manage Operating Room Pressure. the process of nursing students adjusting to the demands of the operating room, managing their emotional responses, and maintaining a task-focused attitude. This is evident in the behaviors of staying calm under pressure, managing nerves, focusing on assigned roles and mentally preparing to perform tasks effectively, enabling them to perform competently in a high-stress clinical environment. This evidently shown in the following responses: Nine (9) out of ten (10) participants claimed that Maintaining Composure and Focus to Manage Operating Room Pressure are part of the students strategies, as challenges to cope or adapt in the operating room.

“Um... To cope with the pressure and unfamiliarity of the operating room, ginagamitin ako sa'yo na kalma lang and to observe carefully before acting” [Staying calm, observing carefully, reviewing procedures beforehand, and focusing on one task at a time helped the student cope with pressure and unfamiliarity in the operating room] P1

“I also prepared myself mentally before entering the OR by reviewing basic procedures and infection control principles. By taking deep breaths and focusing on one task at a time” [The student prepared itself mentally before entering the operating room, and focused itself on being precise and careful with every task instead of rushing] P1

“So preparation, positive self-talk, and support from instructors helped me stay confident. Hands-on experience made me more comfortable and competent over time.” [Self-trust, positive thinking, determination, focus, and support from co-students and clinical instructors helped the student stay confident and cope with pressure.] P2

“It would really be the trusting myself. And also believing in myself. Because the unfamiliarity and the pressure of time, the pressure of the surgeon, the pressure of the patient that has been being operated is really demanding. Really demanding and will really influence you to be in panic. But you just have to believe in yourself. And also, you have also to stay focused.” [Self-trust, staying focused, and stress-relieving activities helped the student cope with pressure and unfamiliarity in the operating room.] P3

“Presence of mind and determination. Determination to continue.” [Presence of mind, determination, encouragement from co-students, and guidance from clinical instructors helped the student stay focused and avoid mistakes.] P3

“i never strayed my focus jod, the most important thing is the safety of the patient, my focused stayed with the patient and making myself concentrate og dili mag overthink much kai cause it would really embarrassed me if maka sala ko” [The participant emphasized maintaining focus on patient safety and concentration during procedures, while managing overthinking and fear of mistakes to avoid errors and perform responsibilities effectively in the operating room.] P4

“staying calm, observing carefully, and focusing on instructions. I also reminded myself that I am still learning.” [Staying calm, careful observation, focusing on instructions, and remembering that learning is ongoing helped the student cope with the operating room environment.] P5

“I stayed calm, observed carefully, and focused on one task at a time.” [Staying calm, careful observation, and focusing on one task at a time helped the student cope with the operating room environment.] P6

“Just focus on what’s in front of you never second guess things.” [Focusing on the present task and avoiding self-doubt helped the student cope with pressure in the operating room.] P7

“Reminding myself that learning takes time helped me stay focused and gradually build confidence.” [Remembering that learning takes time helped the student stay focused and gradually build confidence.] P8

“My determination to improve helped me stay focused and build confidence over time.” [Determination to improve helped the student stay focused and gradually build confidence over time.] P10

Nursing students experience significant stress in clinical settings and cope through emotional regulation and task-focused strategies. By managing their anxiety and maintaining concentration, they are able to adapt to high-pressure environments and perform clinical responsibilities effectively (Onieva-Zafra, 2020).

One of the strategies in the operating room that greatly contributed the students confident to manage is through maintaining composure and focus to lessen the pressure of the nursing students. Through this management it alleviates the students performance to focus and instead of having this emotional instability the student will be able to think through focus and maintain their own composure that reminding themselves, motivating, observing, determination and, self trust. Clinical environments can be stressful and challenge students to perform well in patient care activities. Students must be able to regulate their emotions and remain focused (Chan, 2002). One of those clinical environment is the operating room that needs composure and focus maintenance to progress and work smoothly without any anomalies in the operating room.

CONCLUSION

Based on the findings of the study, the researchers concluded that the assignment in the operating room was a significant and life-changing experience for nursing students. While many participants started out with feelings of fear, nervousness and pressure as a result of the strict protocols and unfamiliar environment, these feelings began to change gradually as one became more exposed to the setting. Repeated experiences enabled students to adapt themselves emotionally and to develop more confidence in themselves.

The study also demonstrated that the operating room was an important site for learning and skill acquisition. Students obtained practical knowledge, not learned in the classroom discussions, by observing procedures, helping in selected tasks and being guided by nurses and clinical instructors. They left with a better understanding of teamwork, sterility, patient safety and what is expected of them in a clinical setting, but the findings revealed that the operating room can be stressful and demanding at the same time. The emotional and mental challenge for students frequently came from the fear of making a mistake, the need to be right, and the seriousness of patient care. However, these challenges were opportunities for personal growth, where students learned to be more careful, disciplined and responsible in their actions.

Students adopted strategies to deal with these problems, including staying calm, concentrating on instructions, paying close attention, trusting the supervisors' directions, and maintaining a positive attitude. These coping behaviors helped them to gradually adapt to the fast-paced environment and build their confidence over time.

Overall, the study concludes that operating room exposure is a difficult and rewarding experience for nursing students. Although the pressures they face can be intense, the experience greatly adds to their clinical

competence, emotional resilience, discipline and professional growth. The operating room experience can be a valuable learning opportunity that prepares students for future nursing practice with appropriate supervision and support.

RECOMMENDATION

Based on the summary of findings and conclusions of the study, the following are hereby recommended:

1. Nursing schools may consider providing supportive pre-duty orientations, simulation activities, and operating room preparation programs to help students feel more prepared, comfortable, and confident before their clinical exposure.
2. Clinical instructors may play an important role by offering consistent guidance, close supervision, constructive feedback, and emotional support to students during their operating room duty.
3. Operating room staff and hospitals may help foster a positive and supportive learning environment through respectful communication and by allowing students to participate in appropriate learning tasks.
4. Nursing students are encouraged to take initiative in preparing in advance by reviewing procedures and concepts, actively observing during duty, and treating each experience as an opportunity to learn and grow.
5. Future researchers may explore further by conducting similar studies with a larger number of participants, in other clinical areas, or through quantitative methods to deepen the understanding of confidence development among nursing students.

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