19th NATIONAL CONGRESS OF SURGICAL NURSING

ABSTRACTS

[H-003]

Compliance with EORNA/AORN 2026 standards and perception of surgical safety among operating room nurses: The determining role of clinical competence

Canan Bakan, Mehmet Alperen Uğur, Gökalp Okut

University of Health Sciences Türkiye, İzmir City Hospital, İzmir

Objective: Operating rooms are among the most sensitive and high-risk clinical environments in terms of patient safety. The World Health Organization defines systematic adherence to standardized procedures as a fundamental requirement for the sustainability of safe surgery. However, it remains debatable whether surgical safety is grounded primarily in guideline awareness or in mastery of clinical practice. This study aims to examine the relationship between operating room nurses' awareness of international standards, their clinical practice competence, and their perception of surgical safety in a newly established public hospital.

Material and Methods: This descriptive, cross-sectional study was conducted with 75 nurses working in the operating room. Data were collected using a questionnaire consisting of demographic variables and an 11-item Likert-type scale measuring knowledge-awareness, clinical practice competence, and professional safety perception. Data analysis included descriptive statistics, Pearson correlation analysis, One-Way ANOVA, and exploratory factor analysis.

Results: While nurses demonstrated high levels of clinical practice competence (mean =4.45) and safety perception (mean =4.26), their level of standard-related knowledge was moderate (mean =3.14). A strong and statistically significant correlation was found between clinical competence and safety perception ($r=0.51$, $p<0.001$). A weak but significant relationship was identified between knowledge and safety perception ($r=0.28$, $p=0.014$), whereas no significant relationship was observed between knowledge and clinical competence ($p=0.171$). A statistically significant difference in safety perception was found according to years of professional experience ($F=2.863$, $p=0.043$), with nurses having three or more years of experience demonstrating higher safety perception scores. Factor analysis confirmed a three-dimensional structure explaining 56.6% of the total variance.

Conclusion: The findings indicate that the perception of surgical safety among operating room nurses is not solely based on guideline awareness but is primarily shaped by clinical practice competence. For the sustainability of a safe surgical culture, the integration of standard-related knowledge with clinical practice appears to be critical. These results suggest that strategies aimed at strengthening patient safety should not be limited to theoretical education but should also be supported through mentorship and practice-based learning processes.

Keywords: Perioperative nursing, surgical safety perception, compliance with standards

[H-004]

Drain-related pain after abdominal surgery: An investigation of predictive factors

Altun Baksi[1], Zehra Yanık[1], Hale Turhan Damar[2], Filiz Salman Saraç[1]

[1]*Süleyman Demirel University, Isparta*

[2]*İzmir Democracy University, İzmir*

Objective: This study aimed to examine the level of pain experienced by patients undergoing abdominal surgery due to drain use and to identify the factors affecting pain intensity.

Material and Methods: This was a correlational study conducted with 201 patients in the general surgery clinic of a hospital in Türkiye between January and December 2023. Data were collected using the descriptive and clinical information form and the visual analog scale. Data were analyzed using multiple linear regression analysis.

Results: The mean age of the patients undergoing abdominal surgery was 50.29±14.85 years; 65.7% were female and 72.2% had undergone laparoscopic surgery. In 47.8% of the patients, the drain was located in the lower right quadrant; 81.6% had a Robinson drain, and 44.8% had a 16 Fr drain. The mean duration of drain placement was 2.44±2.16 days, the mean length of the drain inserted into the tissue was 27.19±10.49 cm, and the mean drain removal speed was 6.17±2.86 seconds. It was determined that 70.1% of the patients experienced drain-related pain. The highest level of pain related to drain use within the last 24 hours was 4.48±2.54, the pain level before drain removal was 2.11±1.54, and the pain level during drain removal was 3.52±2.77. Predictors of pain experienced in the last 24 hours related to drain use were economic status ($\beta=-0.152$, $p=0.005$), passage of flatus ($\beta=0.112$, $p=0.049$), presence of drain-related problems ($\beta=0.590$, $p=0.007$), difficulty in movement due to the drain ($\beta=-0.287$, $p=0.000$), stinging sensation due to the drain ($\beta=-0.113$, $p=0.039$), satisfaction with pain management ($\beta=-0.185$, $p=0.001$), and fear of drain removal ($\beta=0.142$, $p=0.013$), explaining 69% of the total variance. Significant predictors of pain level before drain removal were female gender ($\beta=-0.109$, $p=0.048$), satisfaction with pain management ($\beta=-0.110$, $p=0.039$), and pain level experienced in the last 24 hours due to drain use ($\beta=0.569$, $p=0.000$), explaining 54% of the total variance. Significant predictors of pain level during drain removal were female gender ($\beta=-0.109$, $p=0.048$), fear of drain removal ($\beta=0.159$, $p=0.011$), and pain level before drain removal ($\beta=0.517$, $p=0.000$), explaining 45% of the total variance.

Conclusion: More than half of the patients with drains following abdominal surgery reported pain at the drain site. Psychological preparation of the patient before drain removal and planning appropriate analgesic interventions may contribute to reducing pain. It is recommended that the predictors of pain related to both the presence of the drain and the drain removal process be taken into consideration in pain management.

Keywords: Abdominal surgery, drain, pain

[H-006]

The relationship between supportive care needs and psychological resilience in oncological surgery patients and an examination of influencing factors

Eda Ayten Kankaya[1], Yaprak Sarıgöl Ordin[1], Ayşenur Buruş[2]

[1]Dokuz Eylül University Faculty of Nursing, İzmir

[2]Dokuz Eylül University Hospital, İzmir

Objective: Oncological surgery patients face various support needs that affect their physical, psychosocial, and daily lives. Psychological resilience is an important characteristic that reflects individuals' adaptation and coping with stress arising from their disease and treatment. Evaluating this relationship may contribute to planning patient care according to individual needs. This study examines the relationship between supportive care needs and psychological resilience in oncological surgery patients and the factors affecting it.

Material and Methods: This study is descriptive and correlational in nature and was conducted with 170 oncological surgical patients hospitalized in the general surgery clinics of a university hospital. Data were collected between November 2024-2025 using the socio-demographic-clinical characteristics form, supportive care needs scale, and the brief psychological resilience scale. Descriptive statistics, tests of significance for differences between two means (t-test, Mann-Whitney U), One-Way Analysis of Variance, Kruskal-Wallis, and Pearson correlation analyses were used in the analysis of the data. At the end of the study, sample adequacy was assessed using G*Power (version 3.1.9.7) software; 99.9% power was obtained in the comparison of the daily life subscale according to chemotherapy status (Cohen's d=0.38; α=0.05). Institutional approval, ethics committee approval (30.10.2024-36/08), and informed consent from patients were obtained.

Results: The mean age of patients was 59.65±11.45, 52.4% were female, 18.8% had breast cancer (n=32), 58.8% had gastrointestinal cancer (n=100), and 22.4% had hepatopancreatobiliary cancer (n=38). 42.9% had a primary school education, and 60% had a chronic disease. The sexuality subscale of the supportive care needs scale was significantly associated with age (r=-0.23; p=0.002), gender (p=0.01), educational status (p=0.002), employment status (p=0.009), living alone (p=0.01), and smoking (p=0.03). Daily living subscale scores were found to differ according to cancer type (p=0.02) and were higher in patients who had previously received chemotherapy (p<0.001) and pre-diagnosis radiotherapy (p=0.02). Supportive care needs were found to differ significantly across all subscales depending on relative degrees (p<0.05). A negative and significant relationship was found between psychological resilience and supportive care needs in the psychology (p=0.001) and daily life (p<0.001) subscales. Female and working patients had higher psychological resilience levels (p<0.001), while patients receiving psychological support had lower levels (p=0.01). Furthermore, psychological resilience levels showed significant differences according to cancer type (p=0.003) and accompanying person (p=0.001).

Conclusion: Higher psychological resilience was associated with lower supportive care needs. Integrating interventions that strengthen psychological resilience into nursing care may reduce supportive care needs in psychosocial, daily living, and sexuality domains.

Keywords: Oncological surgery, nursing, resilience, supportive care

[H-008]

Post-thyroid surgery morbidity: A patient-centred perspective

Nebihat Tekin[1], Meryem Yavuz van Giersbergen[2], Ercüment Gürlüler[1]

[1]Department of General Surgery, Bursa Uludağ University Hospital, Bursa

[2]Department of Surgical Nursing, Ege University Faculty of Nursing, İzmir

Objective: This study aimed to evaluate patient recovery by using a real-time monitoring method based on an instant messaging application (WhatsApp) to track postoperative recovery from the patient's perspective. Postoperative outcomes such as pain intensity, analgesic use, hoarseness and perceived energy levels were assessed daily in patients who underwent thyroid and parathyroid surgery.

Material and Methods: This descriptive cross-sectional study was conducted with 100 patients who underwent thyroid and/or parathyroid surgery at a university hospital between April and November 2025. The data were collected using a demographic and clinical information form and a questionnaire assessing postoperative morbidity and recovery experiences. Patients were requested to report their pain levels (VAS, 0-10), analgesic use (yes/no), voice quality (VAS, 0-10), and energy levels (VAS, 0-10) via WhatsApp messages sent every evening between days 0 and 3 postoperatively. Postoperative pain, voice, and energy scores were calculated as the average of daily VAS scores recorded during the follow-up period. The utilisation of analgesics was evaluated on the basis of patient reports collected concurrently. Patient satisfaction and suggestions regarding the follow-up method were collected via WhatsApp on the day of the outpatient control visit. The analysis of the data was conducted utilising the SPSS version 22.0 software.

Results: The demographic composition of the sample was as follows: 74% of the participants identified as female, while 26% identified as male. The total thyroidectomy procedure was performed in 72% of the subjects (n=72), and the most prevalent pathological diagnosis was papillary thyroid carcinoma (n=49, 49%). The mean postoperative pain score was 1.8, the mean voice score was 8.2, the mean energy level was 7.4, and the mean satisfaction score was 9.4 (all values are on a 0-10 VAS scale). The findings indicated that postoperative pain was generally mild, voice function was largely preserved, and perceived energy levels were relatively high. Pain levels peaked in the early postoperative period and gradually decreased over time, while energy levels showed a progressive increase. Temporary hoarseness was reported in some patients, and improvement in voice scores was observed during follow-up.

Conclusion: WhatsApp-based real-time postoperative monitoring has been shown to be a feasible, effective, and patient-centred approach for evaluating recovery following thyroid and parathyroid surgery. This method facilitates close monitoring of patient-reported outcomes, enables early diagnosis of postoperative complications, and may contribute to the individualisation and optimisation of postoperative care.

Keywords: Thyroid surgery, postoperative morbidity, patient-centered monitoring, WhatsApp, patient-reported outcomes

[H-009]

The relationship between fatalism and spiritual well-being in patients with breast cancer

Didem Aslan, Meryem Yavuz van Giersbergen

Department of Surgical Nursing, Ege University Faculty of Nursing, İzmir

Objective: Breast cancer is one of the most common malignant tumors among women worldwide, affecting millions of individuals and impacting not only patients' physical health but also their spiritual and psychological well-being. This study was conducted to examine the relationship between fatalism and spiritual well-being, which play a critical role in influencing early detection behaviors, treatment adherence, and overall quality of life.

Material and Methods: This study is descriptive and cross-sectional. The research was conducted on individuals diagnosed with breast cancer between February 1 and December 1, 2025. Data were collected through an online questionnaire via Facebook and Instagram social media platforms and a link shared on the researcher's social network. The socio-demographic characteristics form, the breast cancer fatalism scale, and the spiritual well-being scale (FACIT-Sp-12) were used in the study. Ethical committee approval was obtained before the research, and participants who approved the informed consent text at the beginning of the online questionnaire were included in the study. The data obtained from the research were evaluated using the Statistical Package For Social Science (SPSS) 22.0 Windows software package. Parametric tests such as the Student's t-test and One-Way Analysis of Variance, and non-parametric tests such as the Mann-Whitney U and chi-square tests were used to determine the differences of independent variables on dependent variables, and the relationship between scales was evaluated with correlation analysis. In the study, $p<0.05$ was considered statistically significant.

Results: The mean age of the participants was 48.08±8.95 years, and the vast majority were women (99%). The mean score of the breast cancer fatalism scale was 2.81±1.84. Examination of the FACIT-Sp-12 subscale scores showed mean values of 9.61±2.25 for the meaning subscale, 9.13±2.22 for the peace subscale, and 10.57±3.68 for the faith subscale. The mean total spiritual well-being score was 29.31±6.86. The results indicated a positive weak correlation between breast cancer fatalism scale scores and the Faith subscale scores ($r=0.231$; $p<0.05$). In addition, a positive very weak correlation was found between breast cancer fatalism scale scores and the total spiritual well-being score ($r=0.147$; $p<0.05$).

Conclusion: The findings indicate that there is a statistically significant but weak association between fatalism and spiritual well-being among patients with breast cancer; notably, the faith subscale emerges as a prominent component in this relationship.

Keywords: Breast cancer, fatalism, spiritual well-being

Table 1. Patients' breast cancer fatalism scale and spiritual well-being (FACIT-Sp-12 version 4) scale scores

	X ± SD	M (min-max)
Breast cancer fatalism scale	2.81±1.84	3.0 (0-11)
Spiritual well-being (FACIT-Sp-12 version 4) scale		
Meaning	9.61±2.25	10.0 (0-16)
Peace	9.13±2.22	9.0 (0-16)
Faith	10.57±3.68	12.0 (0-16)
Total	29.31±6.86	31.0 (0-43)

SD: Standard deviation.

Table 2. The relationship between patients' breast cancer fatalism scale and spiritual well-being (FACIT-Sp-12) scale scores

Spiritual well-being (FACIT-Sp-12) scale	Breast cancer fatalism scale	
	r	p
Meaning	0.022	0.756
Peace	0.056	0.438
Faith	0.231	0.001*
Total	0.147	0.040*

Spearman's correlation, *: $p<0.05$.

[H-011]

Effect of structured follow-up intervention on glucose status after pancreatic cancer surgery: A randomized controlled trial

İlknur Kasalar[1], Yaprak Sarıgöl Ordin[1], Osman Nuri Dilek[2], Barış Önder Pamuk[3], Tarkan Ünek[4], Burak Ordin[5]

[1]*Department of Surgical Nursing, Dokuz Eylül University Faculty of Nursing, İzmir*

[2]*Divison of Hepatopancreatobiliary Surgery, Clinic of General Surgery, İzmir MedicalPark Hospital, İzmir*

[3]*Division of Endocrinology and Metabolism, Department of Internal Medicine, İzmir Katip Çelebi University Faculty of Medicine, İzmir*

[4]*Department of General Surgery, Dokuz Eylül University Faculty of Medicine, İzmir*

[5]*Department of Computer Science, Ege University Faculty of Science, İzmir*

Objective: Pancreatic cancer surgery increases the risk of pancreatogenic diabetes (Type 3c DM) by loss of endocrine pancreatic function. Inadequate postoperative glycemic control is associated with increased complications and reduced quality of life. However, the literature provides limited guidance on glycemic targets and follow-up strategies for Type 3c DM. Therefore, interventional studies are needed to support postoperative glycemic control. This study is the first randomized controlled interventional trial to improve glycemic control in patients undergoing pancreaticoduodenectomy (PD) and evaluates the effect of a structured follow-up intervention implemented during the first three months after PD on glycemic status. Additionally, the study analyzes factors affecting glycemic status in PD patients using data mining methods and assesses the effects of the structured follow-up intervention on patient outcomes and quality of life.

Material and Methods: This study is designed as a single-blind, randomized controlled, two-center trial. The target sample size is 40 participants. Block randomization in a 1:1 ratio was performed according to diabetes status. Patients in the intervention group receive a structured follow-up intervention, whereas patients in the control group receive standard discharge education. The conceptual framework of the intervention is based on scientific evidence demonstrating effectiveness in the glycemic management of Type 1 and Type 2 diabetes, including self-management education, goal setting, action planning, problem solving, and counseling. The intervention was implemented using the plan-do-check-act (PDCA) model. Blood glucose levels of all patients are continuously monitored using the Dexcom G6 device. Individualized feedback is provided to patients based on ambulatory glucose profile data. The primary outcome measures are mean glucose level, glucose standard deviation, coefficient of variation, glucose management indicator, and time in range. Secondary outcome measures include patient health outcomes such as readmission, additional surgical interventions, and complications, as well as quality of life assessed using the EORTC QLQ-C30 questionnaire.

Results: The data collection phase of the study has been completed at a rate of 80%. To date, a total of 30 patients have been enrolled, including 14 in the intervention group and 16 in the control group. The study is scheduled to be completed in April 2026.

Conclusion: This study represents the first multidisciplinary, randomized controlled interventional trial in the international literature aimed at achieving glycemic control in patients undergoing pancreaticoduodenectomy. The study is funded by the TÜBİTAK 1001-Scientific and Technological Research Projects Support Program (project no: 223S838).

Keywords: Pancreas, pancreaticoduodenectomy, pancreatogenic diabetes, Type 3c diabetes

[H-012]

Surgical safety and human factors: Psychological and physical risks in operating room nursing

Meryem Yavuz van Giersbergen

Ege University Faculty of Nursing, İzmir

Objective: Despite advancements in technology and clinical expertise, surgical safety remains a significant concern on a global scale. Growing evidence suggests that adverse events occurring in surgical care are not primarily due to technical failures or individual incompetence, but rather to interactions between human cognition, physical environments, workload, team dynamics, and organizational culture. This study aims to synthesize empirical and theoretical evidence on human factors that emerge in surgical contexts, with a special focus on the psychological and physical dimensions that influence the practice of operating room nursing.

Material and Methods: An integrative narrative review design was adopted in this presentation. Peer-reviewed empirical and theoretical studies were identified through systematic searches in the databases of Scopus, Web of Science, PubMed, and ProQuest. Key search terms included human factors, surgical safety, non-technical skills, cognitive ergonomics, physical ergonomics, workload, fatigue, and safety culture. Studies focusing on surgical teams, especially operating room nurses, were prioritized. The selected articles were thematically analyzed and mapped according to six human factor domains: Cognitive ergonomics, physical ergonomics, non-technical skills, workload, fatigue, and safety culture.

Results: The synthesis revealed a unified human factors model of surgical safety. It revealed that psychological human factors such as cognitive load, situational awareness, emotional regulation, communication, and leadership directly affect decision-making quality, error detection, and team coordination. High mental workload, frequent interruptions, and stress have been consistently associated with an increased risk of adverse events. Physical human factors, such as ergonomic design, spatial layout, equipment positioning, and prolonged physical strain, have been found to contribute significantly to fatigue, musculoskeletal disorders, and decreased psychomotor performance. Importantly, psychological and physical factors are strongly related to each other; physical fatigue increased cognitive errors, while psychological stress decreased tolerance to physical demands. Non-technical skills promoted adaptive coordination and error compensation, while workload and fatigue shaped overall cognitive and emotional capacity.

Conclusion: This knowledge highlights a paradigm shift in surgical safety. Security is primarily ensured by human-centered system design, not technical skill or protocol compliance. From a human factors perspective, errors represent system signals rather than individual failures; fatigue is not a personal coping problem, but an organizational one; ergonomics creates not only staff comfort, but also patient safety intervention; and leadership behaviors act as clinical risk factors. Surgical safety can therefore best be conceptualized as an emerging socio-technical trait that is continually produced by interactions between human cognition, physical environments, teamwork practices, and organizational culture.

Keywords: Human factors, surgical safety, operating room nursing, non-technical skills, cognitive ergonomics, safety culture

[H-013]

Non-pharmacological methods used by patients for anxiety management in the preoperative period: A cross-sectional study

Tuğba Çam Yanık[1], Duygu Kaynarpınar[2], Canan Kanat[1], Gülay Altun Uğraş[1], Tahsin Çolak[2]

[1]*Department of Surgical Nursing, Mersin University Faculty of Nursing, Mersin*

[2]*Department of General Surgery, Mersin University Faculty of Medicine, Mersin*

Objective: This study was conducted to determine the non-pharmacological methods used by patients for anxiety management in the preoperative period and their effects on anxiety levels.

Material and Methods: The sample of this cross-sectional study consisted of 157 patients who were hospitalized in the general surgery ward of a university hospital and were in the preoperative period. Data were collected between April 14 and October 14, 2025, using the socio-demographic characteristics form, the visual analog scale for anxiety (VAS-A), and the non-pharmacological methods applied before surgical intervention form.

Results: The mean age of the participants was 46.54±18.23 years; 51% were female and 75.2% were married. It was determined that the most common diagnoses among these patients were cholelithiasis (14.6%) and appendicitis (11.5%), and that cholecystectomy (18.5%) and appendectomy (11.5%) were the most frequently planned surgical procedures. The mean VAS-A score of the patients in the preoperative period was 5.63±3.03. Among patients who used non-pharmacological methods to reduce anxiety before surgery, massage was the most frequently preferred physical method (38.9%), positive thinking was the most common cognitive-behavioral method (69.4%), talking with family or friends was the most frequently used psychosocial method (89.8%), and praying was the most commonly preferred spiritual method (84.5%). It was found that distraction techniques were used more frequently by patients with anxiety (6.80±2.57) compared to those with lower anxiety levels (5.14±3.09), and this difference was statistically significant ($p<0.05$).

Conclusion: The study revealed that patients experienced anxiety in the preoperative period. The most commonly used non-pharmacological methods for coping with anxiety were massage, positive thinking, talking with family or friends, and praying. In this context, it is recommended that surgical nurses take an active role in informing and supporting patients regarding non-pharmacological methods for anxiety management in the preoperative period.

Keywords: Anxiety, preoperative period, non-pharmacological methods, surgical patients

[H-014]

Environmental awareness in the operating room: Evaluation of nurses' knowledge and attitudes toward reducing carbon footprint

Hale Turhan Damar[1], Buket Çelik[2], Adile Savsar[3], Filiz Öğce Aktaş[3]

[1]*İzmir Democracy University, İzmir*

[2]*Dokuz Eylül University, İzmir*

[3]*İzmir University of Economics, İzmir*

Objective: This descriptive and cross-sectional study was conducted to determine the knowledge and attitudes of operating room nurses regarding carbon footprint reduction and to examine their relationship with ecological footprint awareness.

Material and Methods: The data were collected via Google forms between March and August 2025. The sample consisted of 213 nurses who are members of the Turkish Surgical and Operating Room Nurses Association. The data collection tools included a socio-demographic information form, the knowledge test on reducing carbon footprint in the operating room and the attitude questionnaire on reducing carbon footprint in the operating room developed by the researchers, and the ecological footprint awareness scale.

Results: The mean age of the participants was 34.64±7.21 years, and the mean duration of working in the operating room was 9.12±7.73 years. Among the participants, 88.3% were female, 54% were married, and 60.6% had a bachelor's degree. The mean scores for carbon footprint knowledge, attitude, and ecological awareness were 12.53±1.78, 10.67±0.84, and 105.22±42.31, respectively. More than 95% of the nurses stated that waste segregation reduces carbon emissions, and 98% reported taking individual measures for energy and water conservation. However, only 11.3% had received any formal education on this topic. A positive and significant correlation was found between the total score of the ecological footprint awareness scale and both the attitude questionnaire ($r=0.147$) and the carbon footprint knowledge level ($r=0.193$).

Conclusion: The study revealed that operating room nurses have highly positive attitudes toward environmentally friendly practices; however, their knowledge levels and formal training on carbon footprint reduction are inadequate. These findings highlight the need to plan educational programs on sustainable surgical practices and to strengthen environmental awareness in hospital policies. Increasing environmental awareness among nurses enhances their knowledge and attitudes toward reducing the carbon footprint in the operating room.

Keywords: Operating room nursing, carbon footprint, environmental sustainability

[H-016]

Evaluation of the positive work environment in hospitals: Scale development study

Ramazan Emiralioğlu[1], Betül Sönmez[2]

[1]İzmir Acıbadem Kent Hospital, İzmir

[2]Department of Nursing Management, İstanbul University-Cerrahpaşa, Florence Nightingale Faculty of Nursing, İstanbul

Objective: It is essential to ensure a safe, empowering, and supportive positive work environment for empowered nurses and other healthcare professionals (such as physicians, midwives, and others). To achieve and sustain positive work environments, valid and reliable measurement instruments should be used to comprehensively assess the existing work environment. Accordingly, this study aims to develop the positive work environment in hospitals scale and to examine its validity and reliability.

Material and Methods: The study was conducted using a methodological design to develop the scale and to determine its psychometric properties. The study population consisted of healthcare professionals working in a total of five hospitals in İstanbul, including one foundation university hospital, one public university hospital, and three public training and research hospitals (n=5.100). A total of 1.062 healthcare professionals who worked in hospitals selected through random sampling and met the inclusion criteria constituted the study sample (n=1.062). Data were collected between September and December 2024 following approval from the ethics committee and the relevant institutional authorities.

Results: To establish the validity of the scale, content validity, face validity, and construct validity were assessed. Construct validity was examined using exploratory factor analysis (EFA), Confirmatory factor analysis (CFA), concurrent validity, convergent validity, and discriminant validity. Reliability was evaluated through item–total correlation analysis, Cronbach's alpha coefficient, split-half reliability, parallel-form reliability, and the test–retest method. The exploratory factor analysis indicated that the scale explained 65.09% of the total variance related to the construct. Cronbach's alpha coefficients were 0.967 for the overall scale and ranged from 0.740 to 0.925 for the subscales.

Conclusion: "The positive work environment in hospitals scale", developed to assess healthcare professionals' perceptions of a positive work environment and consisting of 9 subscales and a total of 50 items, was determined to be a valid and reliable measurement instrument.

Keywords: Nurses, positive work environment, scale development

[H-017]

Operating room nurse's process management in laser applications for benign anorectal diseases

Damla Şen[1], Açelya Ünüvar[1], Çağla Dadak[1], Şelale Alparslan[1], Serkan Zenger[2], Mehmet Tunç Yaltı[2]

[1]Nursing Services, VKV American Hospital, İstanbul

[2]Clinic of General Surgery, VKV American Hospital, İstanbul

Objective: Laser technologies are increasingly used in the treatment of benign anorectal diseases due to the advantages of reduced postoperative pain and faster recovery. This technological transformation requires not only technical preparation but also active process management by the operating room nurse in terms of equipment safety, energy management, patient safety, and team coordination. The aim of this paper is to reveal the visible and invisible roles of the operating room nurse in benign anorectal laser surgeries from a process management perspective.

Material and Methods: This study includes the steps involved in laser surgery, a minimally invasive procedure for benign anorectal diseases, performed in our operating room. Preoperative preparation, intraoperative energy safety, sterile area management, personal protective measures, and equipment control protocols were evaluated within the framework of operating room nursing responsibilities in laser surgery procedures.

Results: In laser applications, it has been determined that the operating room nurse manages critical processes such as appropriate fiber selection, verification of energy parameters, ensuring laser safety precautions for the patient and team, control of flammable materials, and maintaining surgical field safety.

Conclusion: Laser applications in benign anorectal diseases are not only a surgical technique but also a multidisciplinary practice requiring a high level of process organization. Operating room nurses act as a bridge between technology and patient safety in this process, creating an invisible yet critical area of innovation. Standardizing and making visible nursing processes in laser surgeries will contribute to improving quality and safety outcomes.

Keywords: Laser safety, laser surgery, operating room nursing

[H-018]

How do differences in surgical methods affect nursing practice?

Hülya Çetiner, Sibel Bıçak, Ayşegül Tütüncü, Nur Mutlu, Ayşegül Erciyas, Hikmet Özel, İsmail Kasım, Sadettin Er

University of Health Sciences Türkiye, University of Health Sciences Türkiye, University of Health Sciences Türkiye, University of Health Sciences Türkiye, University of Health Sciences Türkiye, Ankara Bilkent City Hospital, Ankara

Objective: Operating room nursing is considered a specialty in developed countries, and nurses without this specialization are generally not assigned to operating rooms. Although certification programs exist, as in every profession, experience significantly influences the opinions of nurses. This study aimed to evaluate the different perspectives of operating room nurses regarding laparoscopic and open surgical procedures.

Material and Methods: In our study, 75 nurses who agreed to participate were included using a questionnaire consisting of 25 statements developed by the researchers about laparoscopic and open surgical procedures, answered on a five-point Likert scale ranging from "strongly disagree" to "strongly agree", and 6 questions collecting some socio-demographic characteristics of the participants (age, gender, years spent in nursing, years spent in the operating room, percentage of laparoscopic and open surgeries performed in the last year). The responses were evaluated using the SPSS statistical program.

Results: Of the 75 participants in the study, 61 (81.3%) were women and 14 (18.7%) were men. The average age of the participants was 32 (min=23, max=50), the average time spent in nursing was 8 (min=3, max=31), and the average time spent in operating room nursing was 6 (min=0.5, max=31). The rates of laparoscopic and open surgeries performed in the last year ranged from 10% to 90%. There was no difference between the questions when evaluated according to gender. However, there were differences in the answers to the statements "The preparation process for laparoscopic cases is complex" (Statement 1) and "Equipment setup in laparoscopic cases makes preparation difficult" (Statement 2) in terms of age, time spent in nursing, and time spent in operating room nursing (for statement 1, p=0.007; p=0.005; p=0.009, respectively; for statement 2, p=0.01; p=0.022; p=0.003, respectively). Nurses with longer nursing experience, those working in the operating room, and those of older age had a higher agreement rate on statements 1 and 2. Regarding other statements about laparoscopic procedures, nurses largely agreed that the preparation processes are complex and difficult, require more technical knowledge, the risk of equipment malfunction creates stress, there is a greater need for backup equipment, and it is more mentally demanding.

Conclusion: Laparoscopic surgery procedures appear to be more complex and stressful for nurses, requiring attention to more details. However, the complexity and perceived stress factor of the procedures decreased with age, length of nursing experience, and time spent in laparoscopic surgery, while no significant difference was found in terms of gender among nurses.

Keywords: Open surgery, laparoscopic surgery

[H-019]

Does intraoperative nurse change affect surgical count safety in abdominal surgeries? A 10-year single-center experience

Ruhnaz Elvan Okyay, Evren Peker, Cumhur Özcan, Mehmet Özgür Türkmenoğlu, Tahsin Çolak

Department of General Surgery, Mersin University Faculty of Medicine, Mersin

Objective: Gauze and laparotomy sponge counting are fundamental practices in ensuring patient safety. Long surgeries, emergency interventions, and surgeries performed at night are considered situations that require attention in surgical counting processes. Intraoperative nurse change is evaluated as a potential risk factor for surgical counting safety, while maintaining team continuity in emergency and nighttime surgeries is also of paramount importance. This study aims to evaluate the impact of intraoperative nurse change and emergency surgical conditions on surgical count safety in patients undergoing abdominal surgery between 2015 and 2025.

Material and Methods: This retrospective single-center study included a total of 6150 patients who underwent abdominal surgery between 2015 and 2025. The cases were categorized into those with intraoperative nurse change and those without. Emergency and elective surgeries were evaluated separately. In the institution, intraoperative nurse change is not applied in emergency surgeries. Surgical count safety was evaluated based on gauze and laparotomy sponge count discrepancies, the need for recounting, and registered count events.

Results: Out of a total of 6150 patients, 1950 underwent intraoperative nurse change, while 4200 did not. The number of emergency surgeries was 2300, and team continuity was maintained in all of these cases. Only two patients (0.03%) in the entire group had gauze and laparotomy sponge count discrepancies. Both of the cases with discrepancies were emergency surgeries performed at night and without intraoperative nurse change. One of these cases was an appendectomy, and the other was surgery due to ileus. No patients had retained surgical materials or required additional surgical interventions.

Conclusion: Surgical count discrepancies are very rare in abdominal surgeries. In this study, it was observed that count discrepancies were not related to intraoperative nurse change, but rather occurred during emergency surgeries performed at night. Factors such as increased workload and fatigue in emergency nighttime surgeries may pose a risk to surgical counting processes.

Keywords: Surgical count, nurse handover, abdominal surgery, patient safety, emergency surgery

[H-020]

Macro responsibility in a microvascular world: Nurses' experiences in flap care

Evin Korkmaz[1], Dilay Hacıdursunoğlu Erbaş[2]

[1]*Independent Researcher, İzmir*

[2]*Sakarya University of Applied Sciences, Sakarya*

Objective: The aim of this study was to examine the experiences of nurses involved in the care of patients undergoing free tissue flap procedures and to identify clinical monitoring practices, encountered challenges, emotional and professional reflections, and recommendations for improving the flap care process.

Material and Methods: This study was designed as a qualitative research using a phenomenological approach. Data were collected through online one-to-one interviews conducted with nurses providing free tissue flap care, using a semi-structured interview form. Each interview lasted approximately 30-45 minutes. Criterion sampling, one of the purposive sampling methods, was employed, and a total of nine nurses participated in the study. Data were analyzed using content analysis, and the MAXQDA software was utilized. Necessary approvals were obtained for the study.

Results: Data analysis revealed four main themes. Within the theme of Clinical monitoring and assessment in the care process, the first 24-48 hours were identified as a critical period, during which hourly monitoring, immobilization, delayed oral intake, and close vital sign surveillance were prioritized. The monitoring process was primarily based on clinical indicators such as color, temperature, capillary refill, Doppler signals, edema, and bleeding. The theme of challenges and difficulties encountered indicated that hourly monitoring increased workload in conjunction with ward intensity, while prolonged fasting periods, frequent interventions, donor site monitoring, and the lack of standardized protocols complicated the care process. Under the theme of emotional and professional reflections, the successful progression of the flap was associated with professional satisfaction, whereas potential circulatory impairment and the need for revision surgery led to anxiety and stress. The theme of recommendations for improving care focused on the need for standardized monitoring tools, strengthening multidisciplinary collaboration, updating clinical guidelines, and providing flap-specific education.

Conclusion: Nurses' experiences demonstrate that free tissue flap care is a process requiring intensive monitoring, largely guided by clinical experience, and characterized by a clear need for standardization.

Keywords: Free tissue flaps, microsurgery, postoperative care, nursing care, qualitative research

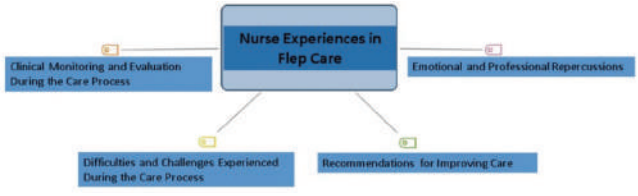


Figure 1. Themes.

[H-023]

Diagnostic yield of colonoscopy in patients with positive fecal occult blood test: A single-center retrospective analysis

Saadet Soğuk[1], Sibel Turgut[1], Mustafa Yılmaz[2], Mahsum Barçin[2], Hilmi Bozkurt[3]

[1]*Unit of Endoscopy, Department of General Surgery, Mersin University Faculty of Medicine, Mersin*

[2]*Divison of Surgical Oncology, Department of General Surgery, Mersin University Faculty of Medicine, Mersin*

[3]*Division of Gastroenterological Surgery, Department of General Surgery, Mersin University Faculty of Medicine, Mersin*

Objective: To evaluate the diagnostic yield of colonoscopy in patients with a positive fecal occult blood test (FOBT), with respect to polyp detection rate, histopathological distribution, lesion localization, morphology, and polypectomy rates.

Material and Methods: In this single-center retrospective analysis, patients who underwent colonoscopy following a positive fecal occult blood test (FOBT) between January 2024 and January 2026 were evaluated. Age, sex, and Charlson comorbidity index (CCI) were recorded. The clinical context for FOBT testing was categorized as screening, bleeding, anemia, or constipation. The interval between FOBT positivity and colonoscopy was calculated. In patients who underwent biopsy and/or polypectomy, histopathological diagnoses were classified according to adenoma subtypes and colorectal cancer; polyp presence was defined based on histopathological confirmation. In patients with detected polyps, maximum polyp size, morphology (sessile or pedunculated), performance of polypectomy, and anatomical location were assessed. In patients presenting with anemia, pre-colonoscopy hemoglobin, ferritin/iron parameters, and mean corpuscular volume (MCV) values were recorded.

Results: A total of 101 patients were included. The mean age was 56.0±13.2 years (median, 55; range, 21-88), and the mean CCI was 1.80±2.92. Of the patients, 54.5% (55/101) were male and 45.5% (46/101) were female. The mean interval between FOBT positivity and colonoscopy was 3.45±1.06 weeks. Colonoscopy indications were bleeding in 26.7% (27/101), anemia in 12.9% (13/101), constipation in 29.7% (30/101), and screening in 30.7% (31/101). Histological evaluation of biopsies revealed tubular adenoma in 19.8% (20/101), tubulovillous adenoma in 7.9% (8/101), villous adenoma in 2.0% (2/101), and colorectal cancer in 1.0% (1/101), while no biopsy was obtained in patients. Polyp positivity rate was 29.7% (30/101). Maximum polyp size was 23 mm, mean 12 mm. Morphologically, 76.7% (23/30) of polyps were sessile and 23.3% (7/30) were pedunculated; the polypectomy rate was 46.7% (14/30). Localization was the sigmoid colon (36.7%, 11/30) and transverse colon (23.3%, 7/30), with distal localization in 70.0% (21/30) and proximal localization in 30.0% (9/30). Polyp positivity rates did not differ significantly among indication groups (p=0.754). In patients undergoing colonoscopy for anemia, mean hemoglobin was 8.4 g/dL, ferritin/iron was 30, and MCV was 75.2 fL.

Conclusion: In patients with a positive FOBT, colonoscopy detected polyps in approximately 30% of cases, with lesions predominantly located in the distal colon. Colonoscopy following FOBT positivity demonstrates a high diagnostic value for the detection of clinically significant lesions.

Keywords: Colonoscopy, fecal occult blood test, polyp detection

[H-024]

Break in the safety chain: The impact of preoperative verification failure on the surgical process

Canan Bakan, Mehmet Alperen Uğur, Gökalp Okut

University of Health Sciences Türkiye, İzmir City Hospital, İzmir

Objective: In tertiary care hospitals, surgical patient safety depends on the accurate and complete execution of preoperative processes and verification of critical steps before admission to the operating room. This study aims to analyze system-related failures leading to the postponement of surgeries in two patients with non-palpable breast lesions due to the lack of verification of preoperative localization and logistical requirements, and to discuss the role of nursing coordination in patient safety.

Material and Methods: Clinical processes of two patients scheduled for surgery after multidisciplinary breast council decisions were evaluated using qualitative case analysis from a patient safety perspective, focusing on preoperative verification chains and preoperative operating room admission controls.

Results: In both cases, essential preoperative requirements (radiological localization and intensive care bed availability) were not verified through a structured confirmation process prior to operating room admission. The deficiencies were detected during the final intraoperative safety check, leading to postponement of surgery for patient safety reasons. These events resulted in inefficient use of operating room resources, disruption of surgical schedules, unnecessary patient exposure to preparatory procedures, and increased psychosocial burden. The findings highlight systemic gaps in verification mechanisms rather than individual errors.

Conclusion: Standardizing preoperative verification processes through structured surgical safety checklists and strengthening nursing coordination during the ward-to-operating room transition are critical for sustainable patient safety. Assigning clear authority to nursing leadership for final verification before operating room admission constitutes an effective safety barrier to prevent similar adverse events.

Keywords: Patient safety, surgical safety checklist, team coordination

[H-025]

How does culture shape risk perception in tattoo and piercing practices? Findings from nursing students in Türkiye and India

Adile Savsar[1], Buket Çelik[2], Hale Turhan Damar[3], Suresh Sharma[4], Filiz Öğce Aktaş[1]

[1]*Department of Nursing, İzmir University of Economics Faculty of Health Sciences, İzmir*

[2]*Department of Nursing, Munzur University Faculty of Health Sciences, Tunceli*

[3]*Department of Nursing, İzmir Democracy University Faculty of Health Sciences, İzmir*

[4]*School of Public Health, India Institute of Medical Sciences, Jodhpur, India*

Objective: Body art practices are becoming increasingly common among nursing students; however, the cultural influences on these practices remain insufficiently studied. This study aimed to compare the knowledge levels regarding tattoos and piercings and the prevalence of having tattoos/piercings among nursing students in Türkiye and India who had completed the "surgical diseases nursing" course, and to examine the impact of cultural characteristics on students' risk perceptions.

Material and Methods: This descriptive cross-sectional study included 480 nursing students studying in western türkiye (n=184) and northwestern india (n=296). data were collected using a "student information form" and a "tattoo and piercing knowledge form." Chi-square test, independent-samples t-test, and logistic regression analysis were used for data analysis.

Results: The prevalence of piercing was significantly higher in the India group (55.1%) than in the Türkiye group (26.1%) ($p<0.001$). Logistic regression analysis showed that the country variable was a strong predictor of having a piercing even after controlling for age and gender. Regarding motivations, individual motives such as "freedom" and "rebellion" were more prominent among Turkish students (72.3%), whereas social motives such as "social acceptance" were more prominent among Indian students (55.1%). In terms of knowledge level, Turkish students' scores were significantly higher than those of Indian students ($p<0.001$).

Conclusion: Cultural characteristics substantially influence nursing students' attitudes toward body art practices and their risk perceptions. The traditional and widespread nature of these practices in India may be associated with a lower salience of perceived medical risks and with the normalization of the practice.

Keywords: Nursing education, body modification, tattoo, piercing, cultural characteristics, surgical nursing

[H-026]

Safe surgery begins with us: A phenomenological analysis of operating room nurses' experiences in safe surgical practice

Canan Bakan, Mehmet Alperen Uğur, Gökalp Okut

University of Health Sciences Türkiye, İzmir City Hospital, İzmir

Objective: This study aims to explore operating room nurses' lived experiences of safe surgical practice and the meanings they attribute to this process, using an interpretative phenomenological analysis (IPA) approach.

Material and Methods: The study was conducted using IPA, a qualitative research design. A total of 10 nurses actively working in the operating room were recruited through purposive sampling. Data were collected through semi-structured, face-to-face interviews. All interviews were transcribed verbatim. During the analytical process, each transcript was read repeatedly, initial notes were generated, and themes were developed inductively based on participants' narratives.

Results: The analysis revealed that the experience of safe surgery was constructed around four main themes: (1) Safety awareness shaped by experiences of risk and potential crises; (2) a critical professional role established through multiple verification practices and attention to detail; (3) strengthening of professional discipline and identity; and (4) sustained advocacy for safety in the face of structural barriers. Participants reported that situations such as wrong patient identification, wrong-site surgery, documentation errors, and transfusion risks sharpened their safety awareness. Safe surgery was experienced not merely as the implementation of checklist steps, but as a continuous process requiring verification, vigilance, and accountability at every stage. Nurses emphasized their decisive position within the safety chain, highlighting that multiple verification practices enable early detection and prevention of errors. However, hierarchical structures, time pressure, and organizational shortcomings were identified as factors that hinder the consistent maintenance of safety practices.

Conclusion: The findings indicate that safe surgery extends beyond a technical procedure; it represents a multilayered experience shaped by ethical responsibility, professional discipline, and intra-team communication. The sustainability of safety requires the integration of individual awareness with institutional safety processes. This study makes visible the pivotal role of operating room nurses in ensuring safe surgical practice.

Keywords: Safe surgery, operating room nurse, interpretative phenomenological analysis

[H-027]

Body art in surgery: An overview of tattoo/piercing awareness and practices of operatin room nurses in Mediterranean countries

Filiz Öğce Aktaş[1], Adile Savsar[1], Hale Turhan Damar[2], Buket Çelik[3], Fabio Ferraiuolo[4], Esther Espuñes[5], Marin Repustic[6], Michael Elin[7]

[1]*Department of Nursing, İzmir University of Economics Faculty of Health Sciences, İzmir*

[2]*Department of Nursing, İzmir Democracy University Faculty of Health Sciences, İzmir*

[3]*Department of Nursing, Munzur University Faculty of Health Sciences, Tunceli*

[4]*Madonna del Soccorso Hospital, Tronto, Italy*

[5]*Sant Cugat del Vallès, Barcelona, Spain*

[6]*Dr. Ivo Pedisic General Hospital Sisak, Croatia*

[7]*HaEmek Medical Center, Afula, Israel*

Objective: The aim of this study is to examine the awareness levels of operating room nurses working in five different countries in the Mediterranean basin (Türkiye, Spain, Israel, Croatia, and Italy) regarding the care of patients with tattoos and piercings during the surgical process and their safe surgical practices.

Material and Methods: This descriptive and cross-sectional study was conducted between September 2025 and December 2025. The population of the study consisted of nurses who are members of national operating room nursing associations in the specified countries. A total of 332 operating room nurses, selected via the stratified random sampling method, were reached through an online survey. Data were collected using a "personal information form", "tattoo/piercing awareness form", and "practices survey". Descriptive statistics, chi-square test, One-Way ANOVA tests were used for data analysis.

Results: A significant difference was determined between the countries in terms of personal body art experience ($p=0.002$). While nearly half of the nurses in the Israel (50.0%) and Spain (46.1%) samples stated that they had tattoos or piercings on their own bodies, this rate was 22.5% in the Turkish group. In contrast, while the "total awareness score" regarding tattoo/piercing risks was highest in the Türkiye group (6.81 ± 2.74), the lowest group was determined to be Italy (4.39 ± 2.88). Similarly, the Türkiye group was found to be significantly higher than other countries in the "safe surgical practice score" (6.80 ± 3.16) ($p<0.001$). Training rates were highest in Türkiye (27.5%) and Israel (26.9%). Spain, despite having the lowest training rate (8.7%), showed the highest demand for clinical guidelines (92.2%). When nurses' perceptions regarding individuals' reasons for turning to body art were examined; while similarities were observed between countries in terms of aesthetic concerns and fashion trends ($p>0.05$), statistically highly significant differences were detected regarding symbolic meanings such as "feeling privileged" and "indication of love/belief".

Conclusion: The study results indicate that personally possessing body art does not directly enhance professional awareness or safe surgical practices. The high awareness and practice scores observed among nurses in Türkiye parallel the rates of receiving training points to the critical role of in-service training in improving patient safety parameters. It was determined that there is a necessity for training regarding the management of patients with tattoos/piercings across Mediterranean countries and that nurses are in need of standard clinical guidelines in this field.

Keywords: Operating room nursing, tattoo, piercing, patient safety, awareness, Mediterranean countries

[H-028]

The effects of nomophobic behaviors and self-efficacy on clinical decision-making perceptions of surgical nurses

Nazife Gamze Özer Özlü[1], Aylin Durmaz Edeer[1], Onur Uysal[2]

[1]*Dokuz Eylül University Faculty of Nursing, İzmir*

[2]*Department of Surgical Nursing, Dokuz Eylül University Institute of Health Sciences, İzmir*

Objective: Surgical nurses make critical clinical decisions in high-risk, time-pressured care settings. This study aims to examine the effects of nomophobic behaviors and nursing professional self-efficacy on perceived clinical decision-making among surgical nurses.

Material and Methods: The descriptive, cross-sectional study included 300 surgical nurses who had worked in surgical clinics for at least six months and volunteered to participate. Data were collected online (Google forms) between March 2025 and January 2026 using the Üsküdar nomophobia scale, nursing self-efficacy scale, and clinical decision-making in nursing scale. Data analysis was performed using the SPSS 29.0 software package. Descriptive and analytical statistical methods were used. Statistical significance was set at $p<0.05$. Ethical committee approval was obtained and informed consent was provided before the study began.

Results: Most nurses were female (77.3%), held a bachelor's degree (83.0%), and worked night shifts (81.3). The mean length of professional experience was 10.60±9.42 years. The mean total score of the Üsküdar nomophobia scale was 50.94±16.00, indicating a low level of nomophobia. The mean total scores of the nursing professional self-efficacy scale and the clinical decision-making in nursing scale were 67.01±12.66 and 102.82±16.61, respectively. As nomophobia increased among surgical nurses, clinical decision-making skills significantly decreased. Excessive use and inability to communicate negatively affected decision-making, whereas the functional impairment subdimension showed a weak positive relationship. In addition, higher professional self-efficacy and some of its subdimensions were associated with lower clinical decision-making scores. Multiple linear regression analysis conducted to determine the effects of nomophobic behaviors and nursing professional self-efficacy on clinical decision-making among surgical nurses revealed a statistically significant model ($F=19.232$, $p<0.001$), explaining 24.6% of the variance in clinical decision-making ($R=0.496$, $R^2=0.246$). While the functional impairment subdimension and total professional self-efficacy score positively affected clinical decision-making, excessive use, inability to communicate, and professional situations subdimensions had significant negative effects. In the second multiple linear regression analysis examining other factors affecting clinical decision-making, the model was also statistically significant ($F=7.690$, $p<0.001$) and explained 28.8% of the variance ($R=0.537$, $R^2=0.288$). Working unit and the functional impairment subdimension of nomophobia positively influenced clinical decision-making, whereas total nomophobia and quality of care subdimension had significant negative effects.

Conclusion: This study showed that nomophobic behaviors and professional self-efficacy influence clinical decision-making in surgical nurses. The functionality impairment subscale had a positive effect, while the excessive use, inability to communicate, and professional situations subscales had negative effects.

Keywords: Surgical nursing, nomophobia, clinical decision-making, self-efficacy

[H-029]

Cold chain process management by operating room nurses in botulinum toxin applications in proctology

Açelya Ünüvar[1], Damla Şen[1], Serkan Zenger[2], Mehmet Tunç Yaltı[2]

[1]*Nursing Services, VKV American Hospital, İstanbul*

[2]*Clinic of General Surgery, VKV American Hospital, İstanbul*

Objective: Botulinum toxin injections are minimally invasive procedures that can be performed in outpatient settings for the treatment of benign perianal diseases and are becoming increasingly popular as an effective treatment option. Cold chain management is critical in maintaining the effectiveness of botulinum toxin. The aim of this report is to present the role of the operating room nurse in cold chain process management during planned or intraoperative botulinum toxin injections in our clinic, from the perspective of patient safety and drug safety.

Material and Methods: This study was prepared to describe the process management in our operating room for botulinum toxin injection applications in benign perianal diseases, starting with the request of cold chain preparations by the operating room nurse and ending with their disposal. The process of requesting botulinum toxin preparations from the operating room, the transfer process, dilution, preparation under aseptic conditions, recording, and disposal processes were evaluated within the scope of operating room nursing responsibilities.

Results: It has been determined that the operating room nurse manages critical safety steps such as ensuring thermal stability is maintained during transport, checking the expiration date, performing dilution under aseptic conditions, preparing the correct dose, and double-checking all these steps. Deviations from the cold chain have been shown to pose a risk of decreased toxin efficacy, treatment failure, and economic loss.

Conclusion: In proctology, the correct management of the preparation and administration steps for botulinum toxin injections is crucial for achieving the correct treatment the surgeon aims to provide to the patient. Botulinum toxin applications are not only a technical injection procedure but also a multidisciplinary process requiring precise drug management and thermal stability control. The operating room nurse plays a key role in maintaining the cold chain and preserving treatment efficacy. Any disruption in these steps will reduce the effectiveness of the drug and negatively impact the expected treatment outcome. Standardization of this process and its support with written protocols will contribute to improving quality and safety outcomes.

Keywords: Botulinum toxin, cold chain, drug safety

[H-030]

Pre- and post-operative information needs of breast surgery patients and nurses' reception levels

Emel Şengül, Özkan Karadede, Cüneyt Dönergöz

Department of General Surgery, İstanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine, İstanbul

Objective: Nurses play a role in the success of breast surgery by providing adequate physical care, education, and psychological support to patients undergoing surgery. Providing sufficient information on topics where patients need it helps them better understand their condition, alleviates anxiety and curiosity, increases their willingness to participate in treatment and care, and thus improves the success of the process. The aim of this study is to determine, through interviews with patients undergoing breast surgery, which information needs were most prevalent before and after surgery, which areas lacked knowledge, and to what extent these needs were met.

Material and Methods: Data for this retrospective study were obtained by telephone interviews with patients discharged from the general surgery breast diseases ward within the last four months, using their contact information from their patient files. Open-ended question-and-answer interviews were conducted with 80 patients: 40 patients regarding their preoperative information needs and the level of fulfillment of those needs, and 40 patients regarding their postoperative information needs and the level of fulfillment of those needs. The responses were categorized, frequency and percentage distributions were calculated, and these data were statistically analyzed.

Results: According to data obtained by asking patients open-ended questions, the most frequent preoperative information needs were "How the surgery will be performed" (50%), "Risks and complications" (25%), while the least frequent were "Pain management" (7.5%) and "Anesthesia options" (5%), and 75% (n=30) of these information needs were met. Postoperative information needs were most frequent in "Postoperative recovery process" (37.5%), "Treatment and care process" (25%), and "Psychological effects" (20%), while the least frequent were "Wound care and hygiene" (12.5%) and "Information about anesthesia" (5%), and 80% (n=36) of these information needs were met. It was found that all patients (n=80) were informed by nurses about breast self-examination, arm and shoulder exercises, hygiene, nutrition, and discharge, but the information needs regarding drainage education, medication use, and follow-up procedures were met in only 75% (n=30).

Conclusion: Based on the results of this study, it can be said that patients undergoing breast surgery should be informed according to their needs, and this information should be provided by competent healthcare professionals. Patients should receive training tailored to their needs, planned and implemented by a multidisciplinary team including nurses. It is recommended that this training, with the participation of the patient and family, begin upon hospital admission and continue with follow-up and check-ups after discharge.

Keywords: Breast surgery, information needs, nursing

[H-032]

Investigation of compassion-mercy and self-esteem levels among living kidney donors and relatives of patients with kidney failure

Yaprak Sarıgöl Ordin[1], Rukiye İnal[2], Buket Çelik[1], Kübra Gürcan[2]

[1]*Dokuz Eylül University Faculty of Nursing, İzmir*

[2]*Division of Nephrology, Department of Internal Medicine, Kidney Transplantation Outpatient Clinic, İstanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine, İstanbul*

Objective: The kidney transplantation process is a complex experience that can affect not only recipients but also living donors and relatives of patients in psychosocial terms. This study aimed to determine and compare compassion-mercy and self-esteem levels among living kidney donors and relatives of patients with kidney failure.

Material and Methods: This study was conducted using a descriptive and comparative design. Data were collected through face-to-face interviews with living kidney donors and relatives of dialysis patients attending a kidney transplantation outpatient clinic, using the socio-demographic and clinical characteristics form, the compassion-mercy scale, and the self-esteem scale.

Results: The study included 222 living donors and 116 relatives of patients on the cadaveric transplant waiting list. The mean age of living donors was 55.16±10.34 years, and the mean age of relatives of patients on the waiting list was 46.25±10.10 years. A significant difference was observed between groups in the compassion subscale, with higher scores among relatives of patients on the waiting list ($p<0.001$). Significant between-group differences were also found in the Rosenberg self-esteem scale subscales, including self-esteem, sensitivity to criticism, daydreaming, psychosomatic symptoms, parental interest, and relationship with father ($p<0.05$). Living donors had significantly higher self-esteem levels compared to relatives of patients on the waiting list ($p<0.001$). Among living donors, compassion and kindness levels were associated with selected clinical and sociodemographic factors ($p<0.05$), whereas among relatives of patients on the waiting list, self-centeredness was significantly associated with the degree of kinship ($p=0.010$).

Conclusion: The results indicate differences in compassion-mercy and self-esteem levels between living kidney donors and relatives of patients with kidney failure. Higher compassion among relatives and higher self-esteem among living donors suggest variation in psychosocial needs during the transplantation process. These findings emphasize the importance of psychosocial assessment and supportive approaches in kidney transplantation.

Keywords: Kidney transplantation, living donor, waiting list

[H-033]

Retrospective review of the completion rates of safe surgical checklists in surgical services and operating rooms

Özkan Karadede, Emel Şengül, Cüneyt Dönergöz

İstanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine, İstanbul

Objective: Safe surgical practices have been standardized using the safe surgery checklist developed by the World Health Organization to enhance patient safety. This checklist systematically checks critical stages of the surgical process and contributes to reducing errors. The aim of this study is to examine the completion rates of safe surgical checklists filled out in surgical wards and operating rooms.

Material and Methods: The data were obtained from the files of patients discharged from the general surgery, orthopedics, plastic and reconstructive surgery, ear, nose, and throat surgery, and pediatric surgery clinics in the last week. The study population consisted of 121 patients, but the study was completed with 83 patients due to the discharge of 38 patients without surgery. The data were examined in two groups: elective and emergency cases. In addition, the safe surgery checklist items were divided into four categories: "before leaving the ward", "before anesthesia", "before the surgical incision", and "after surgery". The subheadings of each category were evaluated separately.

Results: Upon reviewing all data, it was found that 7.22% of the pre-departure section, 83.1% of the pre-anesthesia section, 41% of the pre-incision section, and 38.5% of the post-operative section of the safe surgical checklist were not completed. In elective cases, these rates were found to be 4.6%, 80.5%, 32%, and 36%, respectively, and 43% of the "were instruments, gases, compresses, and needles counted?" subheading in the postoperative section was not completed. In emergency cases, 27.7% of the section before leaving the ward, 100% of the section before anesthesia, 81.8% of the section before the surgical incision, and 81.8% of the section after surgery were not completed.

Conclusion: These results indicate that pre-anesthesia, pre-incision, and post-operative checks are often neglected, particularly in emergency cases, which may pose significant risks to patient safety. Furthermore, the findings of our study underscore the importance of implementing measures to enhance the effectiveness of the safe surgery checklist.

Keywords: Safe surgical checklist, patient safety

[H-034]

Preparation and case management of the operating room nurse in laparoscopic total extraperitoneal inguinal hernia repair

Damla Şen[1], Yağmur Sezer[1], Şennur Taşdemir[1], Çağla Dadak[1], Açelya Ünüvar[1], Serkan Zenger[2], Tunç Yaltı[2]

[1]*Nursing Services, VKV American Hospital, İstanbul*

[2]*Clinic of General Surgery, VKV American Hospital, İstanbul*

Objective: Laparoscopic inguinal hernia repair is currently frequently performed using the total extraperitoneal (TEP) technique. Less postoperative pain, earlier mobilization, shorter hospital stay, and consequently a reduced risk of nosocomial infection make minimally invasive surgery preferable. However, despite these advantages, the technical complexity and potential complications necessitate careful process management. The safe application of the technique is directly related to the operating room nurse's process management and proactive preparation. The aim of this study is to reveal the role of the operating room nurse in preoperative preparation, intraoperative coordination, and crisis management regarding potential complications in laparoscopic inguinal hernia repair, in terms of patient safety.

Material and Methods: This study is designed to share our experiences in laparoscopic inguinal hernia repair using the TEP technique in our operating room. The process will be evaluated in terms of preoperative preparation, intraoperative procedures, and the management of possible complications.

Results: The responsibilities of an operating room nurse include: Checking surgical consent, verifying patient identification, verifying side marking, inquiring about drug allergies, checking height and weight information for local anesthesia applications, ensuring the safe surgical checklist is checked, ensuring the patient is positioned appropriately for surgery, assessing for circulation and pressure ulcers and placing support pads in appropriate areas, preparing appropriate surgical sets and consumables, establishing and maintaining a sterile environment, implementing counting protocols, and ensuring intra-team coordination. These responsibilities directly affect patient safety and are fundamental determinants of surgical safety. Furthermore, controlling the laparoscopy tower system and energy devices, preparing appropriate mesh and fixation materials, controlling the CO_2 gas pressure alarm and correctly adjusting the initial pressure and flow rate, monitoring intra-abdominal pressure, planning for transition to open surgery in case of possible epigastric, bladder, and bowel injuries and the risk of severe bleeding, delivering mesh material in the correct direction, and preparing additional and rapid instrumentation are also critical responsibilities of the operating room nurse. Throughout this process, the operating room nurse contributes to reducing the risk of complications through team communication and proactive preparation.

Conclusion: The role of an operating room nurse is not limited to technical support. They play a crucial role in ensuring and maintaining patient safety through proactive planning for potential complications, crisis management, and process coordination. Making nursing process management visible is recommended to strengthen the surgical safety culture.

Keywords: Laparoscopic inguinal hernia, operating room nursing, patient safety

[H-036]

The role of nursing care in complication management in patients undergoing endocrine surgery

Emel Şengül, Özkan Karadede, Cüneyt Dönergöz

Department of General Surgery, İstanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine, İstanbul

Objective: Endocrine surgery is a subspecialty focusing on the surgical treatment of various diseases of the endocrine glands, including neuroendocrine tumors of the thyroid gland, parathyroid glands, adrenal glands, gastrointestinal system, and pancreas. Unlike other surgeries, endocrine surgery has not only anatomical but also physiological and hormonal consequences. Therefore, nursing care requires a multidisciplinary approach and close monitoring. The aim of this study is to reveal the contribution of nursing care to the prevention, early diagnosis, and effective management of complications that may develop after surgery.

Material and Methods: This retrospective study was conducted by examining the files of patients who underwent endocrine surgery between December 2025 and February 2026. The study population consisted of patients who underwent endocrine surgery during the specified period. The sample consisted of 40 patients whose file records were fully accessible and who met the research criteria. The obtained data were categorized, frequency and percentage distributions were calculated, and these data were statistically analyzed.

Results: Of the 40 patients who underwent endocrine surgery, 65% (n=26) had subtotal, total thyroidectomy and parathyroidectomy, 25% (n=10) had adrenal surgery, and 10% (n=4) had neck dissection. In all 26 patients (65%) who underwent thyroidectomy, hoarseness control, semi-Fawler position, drain monitoring, and respiratory function were monitored. Ice application was performed on the surgical site in patients who underwent neck dissection (n=4) and total thyroidectomy (n=18). In the same patient group (n=26, 65%), signs of hypocalcemia were observed postoperatively, serum calcium and PTH levels were checked at 6-8 hours, and calcium replacement was performed in cases where deemed necessary (n=20) as directed by the physician. All 10 patients (25%) who underwent adrenal surgery had regular blood pressure monitoring and serum cortisol levels checked in the postoperative period, and steroid treatment was administered by nurses as directed by the physician. No complications other than hypocalcemia in patients who underwent total thyroidectomy and neck dissection (n=22) and hypertension in 2 out of 10 patients (n=10) who underwent adrenal surgery (20%) were observed, and all patients were discharged within the normal discharge timeframe (24-48 hours).

Conclusion: The findings indicate that physician-nurse collaboration improves the quality of postoperative care. Nursing care practices play a critical role in the prevention and management of complications following endocrine surgery. A multidisciplinary approach, with active participation from nurses, is recommended for the early identification and effective management of complications in the follow-up of patients undergoing endocrine surgery.

Keywords: Endocrine surgery, complication, nursing care

[H-039]

Strategic role of operating room nurses in intraoperative complication prevention and management: A systematic review of current literature

Ezgisu Taçalan, Merve Çorbacıoğlu

Liv Hospital Ulus, İstanbul

Objective: The perioperative process inherently involves high-risk interventions, and surgical complications directly impact patient mortality/morbidity as well as healthcare costs. As the central figure of the surgical team, the operating room nurse serves as a critical barrier in preventing complications through “patient advocacy” and “aseptic surveillance” roles. This review aims to analyze the evidence-based importance of nursing interventions in preventing major intraoperative complications, including surgical site infections, retained surgical items, positional injuries, and hypothermia

Material and Methods: Within the scope of this review, current guidelines from the WHO (World Health Organization), AORN (Association of periOperative Registered Nurses), and EORNA (European Operating Room Nurses Association), along with literature published in the last five years (2020-2025), were examined. Synthesis was conducted by analyzing studies retrieved using keywords such as “surgical safety”, “operating room nursing”, “complication management”, and “patient safety”.

Results: The analysis revealed that strategic interventions in which operating room nurses play an active role significantly reduce complication rates: Surgical site infections (SSI): SSI rates can be prevented by up to 25% through the nurse’s supervision of aseptic techniques and traffic control. Retained surgical items (RSI): Complete implementation of systematic counting protocols (audible and dual-control) minimizes technical errors. Positional injuries: The use of pressure-redistributing gel pads and correct positioning reduces the risk of nerve damage by 90%. Hypothermia: Active warming protocols accelerate wound healing and decrease the risk of coagulopathy.

Conclusion: The operating room nurse is not merely a surgical assistant but an active auditor in preventing complications. Within this framework, it is recommended that the “surgical safety checklist” be internalized as an institutional culture rather than a mere administrative form. Furthermore, increasing specialized training in perioperative nursing and implementing systemic improvements by reporting “near-miss” events are essential strategies for enhancing patient safety.

Keywords: Operating room nursing, complication prevention, patient safety