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ILLUMINATING THE PATH TO SURGERY: A PHENOMENOLOGICAL EXPLORATION OF NURSES' LIVED EXPERIENCES IN PREOPERATIVE ROUNDS FOR PEDIATRIC PATIENTS

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Abstract

Nurses assigned to pediatric surgical settings often conduct preoperative rounds despite having limited exposure to this specialized area, placing them in situations that require both clinical preparation and emotionally attuned, child-centered care. This mismatch between assignment and experience challenges nurses to assess surgical readiness while managing fear, anxiety, developmental limitations, and distressed parents within strict time pressures. This study aimed to explore the lived experiences of nurses conducting preoperative rounds for pediatric patients in a government hospital setting. Using Colaizzi's descriptive phenomenological approach, semi-structured one-on-one interviews were conducted, transcribed verbatim, and analyzed to generate thematic insights grounded in participants' narratives. Findings revealed that nurses' lived experiences were shaped by navigating emotional and behavioral challenges in pediatric preoperative care, overcoming communication barriers in caring for pediatric patients, and developing professional adaptation and resilience in the operating room. Their experiences further shaped their professional lives by strengthening professional resilience through continuous adaptation, deepening empathy and enhancing communication skills, evolving professional competence and purpose, and developing emotional endurance and self-regulation. Participants also shared insights valuable to the nursing community, including upholding empathy as a core foundation of pediatric nursing, advocating for family education and holistic pediatric wellbeing, ensuring safety, precision and responsibility for pediatric care, and prioritizing child-centered care through emotional protection and family connection. The study highlights that the complex emotional, communicative, and clinical demands encountered during pediatric preoperative rounds significantly influence nurses' professional resilience, empathy, competence, and sense of purpose.

Keywords:, *Preoperative Rounds, Nurses, Descriptive-Phenomenology, Surallah, South Cotabato*

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Introduction

Nurses assigned to pediatric surgical settings face significant challenges during the preoperative period, a phase that demands both clinical preparation and emotional, child-centered care. A key concern in many hospitals is that nurses are often tasked with conducting pediatric preoperative rounds despite having limited exposure or insufficient experience in this specialized area. As a result, they must assess a child's surgical readiness while also managing fear, anxiety, and limited understanding, duties intensified by anxious parents, strict time pressures, and the high-stakes nature of surgery. This mismatch between assignment and experience leaves nurses in a challenging position, requiring them to navigate complex emotional and clinical demands while still developing confidence and competence in pediatric preoperative care.

Globally, research identifies the preoperative phase as a crucial part of pediatric surgical care, emphasizing nurses' roles in ensuring safety, providing information, and building trust with children and families. Qualitative evidence from Spain shows that perioperative nurses actively interpret children's behavioral cues, manage preoperative anxiety, and coordinate care with families and surgical teams (Molina et al., 2023). Other international studies emphasize that intense pediatric preoperative anxiety is triggered by fear, unfamiliar settings, and separation in places where nurses are at the forefront of providing reassurance and emotional support (Drake-Brockman et al.,

2025). These findings underscore the complexity of nursing responsibilities during pediatric preoperative encounters.

In the Philippine context, studies highlight persistent systemic challenges affecting nursing practice, including chronic workforce shortages, heavy workloads, and burnout (Corpuz, 2023). A phenomenological study in a resource-limited hospital further describes nurses' experiences of emotional strain, role overload, and limited institutional support (Estreller et al., 2025), while local hospital-based research documents communication barriers that negatively influence care quality (Dumaguing et al., 2024). Despite these insights, no local study has specifically examined nurses' lived experiences during pediatric preoperative rounds from a phenomenological perspective.

Given these gaps, this study aims to illuminate the lived experiences of nurses conducting preoperative rounds for pediatric patients through a phenomenological approach. The phenomenon centers on how nurses with limited exposure navigate the simultaneous demands of clinical assessment, emotional labor, and relational engagement with children and their families during time-pressured preoperative rounds. Although existing studies recognize the importance of the preoperative phase, few examine how nurses experience and make meaning of these responsibilities, highlighting a significant gap in understanding the challenges they face in pediatric surgical settings. By foregrounding nurses' perspectives, this study seeks to generate insights that inform supportive interventions, targeted training, and evidence-based policies.

Methods

This study employed a qualitative descriptive-phenomenological research design to explore and understand the lived experiences of novice nurses conducting preoperative rounds for pediatric patients in a government hospital in South Cotabato (Faraji et al., 2024; Abraham & Padmakumari, 2025). This design facilitated exploration of how novice nurses navigate the technical and emotional demands of pediatric preoperative care, adapt communication strategies with children and families, and develop professional resilience. In-depth interviews ensured rich, contextually relevant data that reflect the challenges, growth, and professional insights of novice nurses in the operating room.

This study was conducted in the Surgery Ward of one government hospital located in Surallah, South Cotabato. As a public healthcare facility, it serves a broad catchment area, providing surgical care to both adult and pediatric patients from diverse medical and socioeconomic backgrounds. Nurses routinely conduct preoperative rounds as part of their responsibilities. The hospital was selected based on its proximity, accessibility, and availability of nurse participants who met the study's inclusion criteria and were directly involved in pediatric preoperative care. These factors supported sustained engagement with participants and allowed for in-depth interviews. The resource-constrained nature of the setting provided a realistic context in which professional responsibilities, emotional demands, and clinical decision-making intersect. The hospital also adheres to policies that promote patient-centered and family-involved care, which are evident during pediatric preoperative rounds.

This study utilized a purposive sampling strategy to select 10 novice registered nurses with less than one year of operating room experience and limited exposure to pediatric preoperative care. Participants were directly involved in conducting pediatric preoperative rounds in the Surgery Ward of a government hospital in South Cotabato. Purposive sampling ensured selection of information-rich cases aligned with the study's objectives (Ahmad & Wilkins, 2025). Data saturation was achieved with 10 participants.

The primary data source for this study was the semi-structured, in-depth interviews conducted with nurses. Semi-structured interviews allowed open-ended questions while ensuring key themes related to the research questions were explored. Field notes were also taken during and after interviews to document non-verbal cues, personal reflections, and impressions. The researcher recorded and transcribed all interviews verbatim for analysis and took concise notes to capture emerging ideas. Related literature served as a secondary data source to support and validate insights gathered from the primary data.

Data collection procedures were carried out by obtaining approval from the Program Chair of the Master of Arts in Nursing and approval from the Ethics Committee of the government hospital in South Cotabato. The researcher coordinated with the Unit Head of the Surgery Department to identify eligible participants. Interviews were scheduled at times and locations convenient for participants and

informed consent was obtained prior to the interviews. Face-to-face individual interviews were conducted, each lasting approximately thirty (30) minutes to one hour, and minimum required health protocols were observed. All interviews were audio-recorded with consent and transcribed word for word. Participants were assured that all information and data would be treated with strict confidentiality.

The study utilized a descriptive phenomenological approach guided by Colaizzi's method (1978).

Step 1. The researcher read and re-read all interview transcripts to gain a holistic understanding.

Step 2. Significant statements were extracted from the transcripts.

Step 3. Meanings were formulated from the significant statements while preserving intended meanings.

Step 4. Formulated meanings were organized into theme clusters.

Step 5. Clustered themes were integrated into an exhaustive description.

Step 6. The exhaustive description was refined into a fundamental structure.

Step 7. The fundamental structure was returned to participants for validation through member checking, and feedback was incorporated to strengthen credibility and trustworthiness.

Results and Discussion

Code Name	Age in Years	Sex	Months in the Operating Room	Study Group
Nurse 1 (Alpha)	36	F	5	IDI
Nurse 2 (Beta)	38	F	5	IDI
Nurse 3 (Charlie)	37	F	4	IDI
Nurse 4 (Delta)	26	F	3	IDI
Nurse 5 (Echo)	23	F	3	IDI
Nurse 6 (Foxtrot)	23	F	3	IDI
Nurse 7 (Golf)	38	M	10	IDI
Nurse 8 (Hotel)	39	F	5	IDI
Nurse 9 (India)	40	M	1	IDI
Nurse 10 (Juliet)	32	F	10	IDI

Table 1. Profile of the Participants

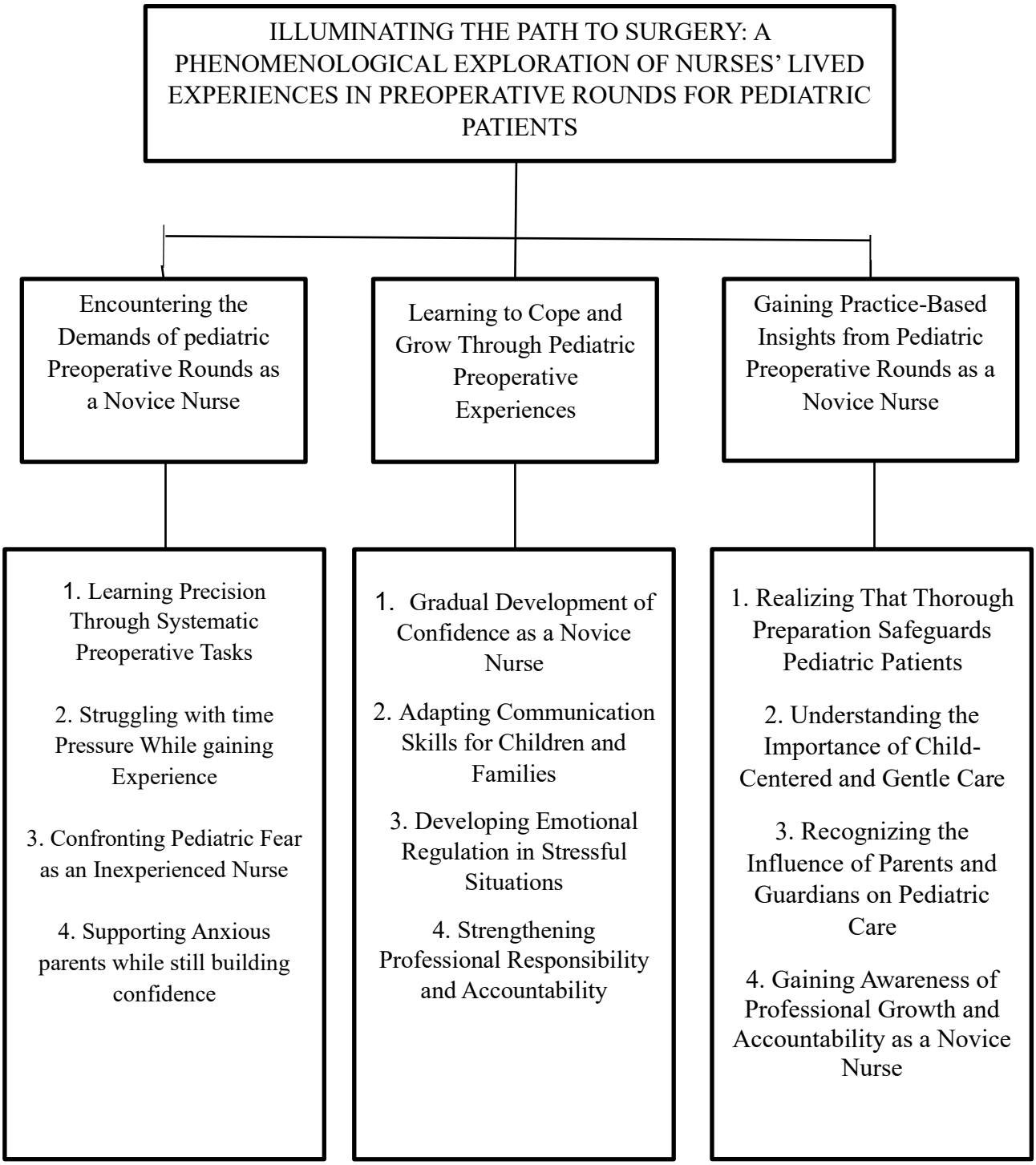

Figure 1. Thematic Map

The thematic map illustrates the evolving journey of novice nurses during preoperative rounds for pediatric patients. It captures how novice nurses navigate the clinical, emotional, and ethical demands of preparing children and their families for surgery while gradually developing professional competence and confidence.

The first theme, "Encountering the Demands of Pediatric Preoperative Rounds as a Novice Nurse," addresses the initial challenges novice nurses face when performing detailed, systematic preoperative tasks. This theme reflects the complexity of ensuring accurate chart review, patient identification, checklist completion, and consent verification while simultaneously managing time pressure, unfamiliar routines, and the emotional distress of pediatric patients and their families. These experiences highlight how preoperative rounds are perceived as mentally demanding and responsibility-laden, particularly for nurses who are still gaining experience.

The second theme, "Learning to Cope and Grow Through Pediatric Preoperative Experiences," emphasizes the adaptive processes novice nurses undergo as they gain exposure to pediatric surgical care. Through repeated encounters, they gradually develop confidence, refine communication skills with children and guardians, regulate their emotions in stressful situations, and strengthen their sense of professional responsibility and accountability. This theme reflects how experiential learning enables novice nurses to balance procedural accuracy with emotional sensitivity in pediatric care.

The third theme, "Gaining Practice-Based Insights from Pediatric Preoperative Rounds as a Novice Nurse," reflects the reflective learning that occurs as novice nurses make sense of their experiences. This theme highlights their realization that thorough preparation is essential to safeguarding pediatric patients, the importance of child-centered and gentle care, and the influential role of parents and guardians in successful preoperative preparation. Additionally, novice nurses gain a heightened awareness of their own professional growth and accountability, recognizing preoperative rounds as a critical foundation for safe, compassionate nursing practice.

Overall, the thematic map demonstrates that pediatric preoperative rounds serve as a formative clinical space where novice nurses encounter challenges, learn to cope and adapt, and ultimately gain insights that shape their competence, confidence, and professional identity. These findings underscore the importance of structured support, mentorship, and continuous learning opportunities to better prepare novice nurses for the complexities of pediatric preoperative care.

Emergent Theme 1: Encountering the Demands of pediatric Preoperative Rounds as a Novice Nurse

The lived experience of novice nurses as they confront the multifaceted demands of conducting preoperative rounds for pediatric patients reveals both the technical and emotional weight of this clinical role. Novice nurses experience pediatric preoperative rounds as a highly structured yet overwhelming process, where accuracy and attention to detail are paramount. Tasks such as reviewing patient charts, verifying patient identity, confirming consent, completing preoperative checklists, and coordinating with the ward and surgical team create a strong sense of responsibility (Nasiri et al., 2020). For nurses still developing clinical competence, these tasks demand intense concentration, as any missed step is perceived as a potential threat to the child's safety. This heightened vigilance reflects the novice nurse's reliance on rules and protocols as protective mechanisms while navigating unfamiliar clinical environments (Melissant et al., 2024; García-Madroñal et al., 2024).

Overall, encountering pediatric preoperative rounds is a formative and demanding experience for novice nurses. The convergence of procedural precision, time constraints, emotional labor, and ethical responsibility shapes how novice nurses perceive their role in safeguarding pediatric patients.

Cluster 1.1: Learning Precision Through Systematic Preoperative Tasks

Reflects novice nurses' experiences of performing detailed and systematic preoperative tasks during pediatric preoperative rounds. This cluster highlights how novice nurses perceive the precision, structure, and thoroughness required in preoperative care activities as central to ensuring patient safety and quality care. The nurses' narratives consistently emphasize the steps involved in accurate chart review, verification of patient identity, coordination with clinical teams, interaction with guardians, and completion of preoperative checklists. For these novice nurses, their early clinical encounters are marked by an acute awareness that each procedural step is essential, not only for clinical accuracy but also for safeguarding the well-being of vulnerable pediatric patients. In this context, systematic task performance becomes both a technical requirement and a psychological anchor that helps novice nurses navigate uncertainty and professional responsibility.

The participants expressed this cluster through these statements:

> *"So, when it comes to pre operative round… preoperative checklists are complete. Then, the most important is that the patient has accompanied guardian or immediate family/parents." Nurse 1 (Alpha); Lines 23-26*

> *"Reviewing the charts and verifying patient felt overwhelming at first. Upon reviewing the patient's chart, we will check first the name, gender and diagnosis of the patient. After that, we will coordinate with the team at ward that we will conduct a preoperative round. After that we will*

proceed to the patient at bedside. We will introduce ourselves to the guardian before patients because we know kids has fear. We will gather information and instruct them what they will do like when will be the last meal of the patient, what will be their diet and other preparations before going to the operating room. After that I will ask the parents if they understand and what will be done to their child. Then I will give health teachings about the procedure and emotional support to parents. It feels like every detail matters for the child's well being." Nurse 3 (Charlie); Lines 34-40

"Being new in the surgical area, I have to review the patient's chart first. Then ask what procedure will be done to a patient, what preoperative meds will be given. You should know that. Then during preoperative rounds, properly identify the pediatric patient. Completing pre-op tasks systematically is mentally exhausting, but I understand that each step prevents error in surgery." Nurse 7 (Golf); Lines 81-84

"As new nurse, I felt strong sense of responsibility, I registered the case to our logbook and then there are times I double checked the system regarding patient's data so that I have an initial knowledge regarding pediatric patients I will preoperative rounds. And then after, I will go to the Nurses' Station, make aware of myself to fellow colleagues that I will make a preoperative round. I will double check or clarify patient through the his/her chart to make sure the details are correct. After that I will proceed to the patient's room. I will introduce myself and state why I am there, making sure there's a legal guardian. Then I proceed with the preoperative rounds. So every step , from the chart review to health teaching demands focus because when missing something could have consequences." Nurse 10 (Juliet); Lines 111-113

Participants consistently described beginning with a careful review of the patient's chart to verify identifiers and clinical information, reflecting existing evidence that accurate patient identification and thorough preoperative assessment are essential components of safe perioperative practice (Simić et al., 2025). This meticulous verification process was experienced by nurses as foundational to safeguarding pediatric patients and ensuring procedural accuracy.

In addition, the integration of health teaching and emotional support within preoperative tasks reflects contemporary views of holistic perioperative nursing, where technical competence is inseparable from psychosocial care. Research indicates that structured preoperative preparation—including age-appropriate psychological guidance and family engagement—helps children and parents better understand what to expect, reduces anxiety, and supports coping before surgery (Liu et al., 2024).

Furthermore, evidence suggests that active parental involvement in pediatric surgical safety checklists is positively associated with greater checklist adherence, as parents who are present and engaged during preoperative checklist tasks help ensure that critical safety items are confirmed and completed effectively (Bartz-Kurycki et al., 2018). Overall, these findings illustrate that performing detailed and systematic preoperative tasks is experienced by novice nurses as a complex, safety-driven, and relational practice that forms a foundational aspect of their lived experience in pediatric preoperative care.

Cluster 1.2: Struggling with time Pressure While gaining Experience

Preoperative care for pediatric patients is inherently complex and time-sensitive, requiring nurses to balance the demands of procedural accuracy with the emotional needs of children. For novice nurses, this challenge is often magnified by limited experience and the unpredictable behaviors of pediatric patients, such as irritability, anxiety, or uncooperativeness. Managing time effectively during preoperative rounds becomes a critical skill, as insufficient time can compromise both the quality of care and the psychological well-being of the child. This cluster explores how novice nurses experience and navigate time pressure while striving to deliver safe, comprehensive, and patient-centered preoperative care in pediatric surgical settings.

The participants expressed this cluster through these statements:

"I felt pressured to finish quickly, but being new, I need more time to make sure preoperative rounds was done correctly especially in children who are irritable or uncooperative, it needs time because sometimes pediatric just cry, even you are in a hurry you still have to handle the child's mood." Nurse 2 (Beta); Lines 128-130

"As a novice nurse, managing time during preoperative rounds was challenging. There others pediatric patients who's just crying and irritable which makes completing preoperative rounds on time challenging, we give them multiple time until his/her mood subsided. If its not done during our shift we endorse it to the next. We make rounds during morning, there is at lunch time or in the afternoon. If it wasn't successful during first attempt, there is second, there is third, so I must adjust"
Nurse 5 (Echo); Lines 72-74

"Handling emergencies was particularly stressful because I was still learning how to coordinate tasks efficiently. In emergency situations, coordinating consent and pre-op checks is overwhelming, especially when the child really need to be operated because he's already cyanotic but there was no consent

> *because the one that brought the child was just a relative who was just a neighbor, so time pressure adds stress, yet I know that completing each procedure properly is more important than rushing." Nurse 5 (Echo); Lines 147- 148*

Participants consistently described time pressure as a significant challenge during pediatric preoperative rounds, particularly when children were irritable, uncooperative, or anxious. Novice nurses reported feeling pressured to complete tasks quickly while simultaneously needing more time to ensure procedures were performed correctly and safely. For instance, repeated attempts were often necessary to calm pediatric patients, adjust to their mood, or provide appropriate preoperative education, reflecting the unpredictable nature of caring for children in surgical settings (Molina et al., 2023).

Time pressure became even more pronounced in emergency situations, where coordinating consent and essential preoperative tasks simultaneously heightened stress and demanded rapid decision-making. Despite these challenges, participants emphasized that completing each procedure accurately outweighed the need for speed, underscoring the importance of balancing efficiency with patient-centered care. Literature supports these experiences, indicating that insufficient time in pediatric perioperative settings can limit nurses' ability to manage children's emotional needs, deliver comprehensive preoperative education, and ensure safety, highlighting the importance of adaptive time management and experiential learning for novice nurses (Bromfalk et al., 2024). Molina et al. (2023) reported that insufficient time between waiting and entering the operating room makes it difficult for nurses to fully assess and manage pediatric preoperative anxiety, which highlights how time constraints limit the application of essential preparatory strategies such as active listening and therapeutic communication.

Overall, these findings illustrate that managing time pressure is a central aspect of novice nurses' lived experience, shaping their growth, decision-making, and ability to provide safe, high-quality pediatric preoperative care.

Cluster 1.3: Confronting Pediatric Fear as an Inexperience Nurse

Preoperative care in pediatric settings is not only technically demanding but also emotionally challenging, particularly for novice nurses who are still developing confidence and clinical judgment. Children often exhibit fear, anxiety, and uncooperative behaviors when faced with unfamiliar healthcare personnel, medical procedures, or the hospital environment. For inexperienced nurses, navigating these emotional responses requires a combination of patience, adaptive communication, and psychosocial support, in addition to performing standard clinical tasks. This cluster explores how novice nurses experience and respond to pediatric fear, highlighting the strategies they employ to establish trust, gain cooperation, and provide safe, child-centered care despite limited experience and the inherent challenges of working with anxious or uncooperative children.

The participants expressed this cluster through these statements:

> *"Usually, the child will cry or show fear because you are a stranger, especially in a white uniform, as a novice nurse, I found it difficult when children cried because I was still learning how to confront them effectively." Nurse 4 (Delta); Lines 139-140*

> *"I feel deeply responsible for easing the child's fear. Since am new and I am dealing with pediatric patients, I do not expect that they will cooperate. Given that their attention span is short and at the same time with in hospital setup, if they saw a nurse, mostly they are crying. Most likely you will get your information to the patient's family or to their legal guardian." Nurse 10 (Juliet); Lines 303-304*

> *"It's not seldom for pediatric patients but most of the time pediatric patients are really uncooperative. It's really difficult for me to rounds the pedia because you do not know what are they really feel or what they answer are true. So,it requires me adjust my approach and find ways to gain the child's cooperation."*
> *Nurse 1 (Alpha); Lines 119-120*

> *"So, you can't talk to them, the most difficult are children with traumatic experience at the hospital. You cannot communicate well to them. They will stop crying once you get out. But as long as you're there especially you're wearing a white uniform, they know, they are scared, Handling pediatric fear taught me that emotional care is just as important as completing clinical task." Nurse 5 (Echo); Line 278*

These experiences are consistent with current literature showing that providing real-time procedural information and interactive preoperative education can significantly reduce anxiety in both children and their families, which in turn can help mitigate fear-related and uncooperative behaviors often observed in pediatric patients (Yun et al., 2024). Such educational interventions allow children to anticipate what will happen during procedures, normalize unfamiliar experiences, and build a sense of predictability and control, which is particularly important for reducing distress in younger patients with limited coping skills. In

addition, non-pharmacological anxiety management methods, including distraction techniques, audiovisual tools, and cognitive preparation strategies, have been demonstrated to effectively lower preoperative fear and anxiety (Achule et al., 2025).

These approaches not only help children remain calm and cooperative but also enable nurses—especially novices—to perform assessments and procedures more efficiently without causing additional emotional distress. Furthermore, narrative reviews highlight that pediatric anxiety is influenced by a combination of factors, such as unfamiliar hospital environments, developmental stage, prior traumatic experiences, and insufficient preparation, all of which shape children's behavioral responses and willingness to cooperate during preoperative care (Ma et al., 2025). For novice nurses, understanding these factors is critical because it informs their choice of communication strategies, timing, and emotional support interventions, ultimately impacting the safety, efficiency, and quality of care they are able to provide.

Cluster 1.4: Supporting Anxious parents while still building confidence

Providing pediatric preoperative care extends beyond technical procedures to include supporting parents and guardians, who play a critical role in a child's emotional and behavioral response to surgery. Novice nurses often face challenges in explaining procedures, answering questions, and reassuring caregivers while still developing confidence in their communication and professional skills. Effectively engaging with parents requires patience, clear explanations, and emotional sensitivity, as their anxiety can directly influence the child's fear and cooperation. This cluster explores how novice nurses navigate these challenges, highlighting strategies for building rapport with parents, providing accurate information, and fostering a supportive environment that promotes both parental confidence and positive pediatric outcomes.

The participants expressed this cluster through these statements:

> *"As a beginner, explaining procedures to anxious parents was challenging because I was still gaining confidence in my communication since I allotted extra time to explain not just to the mother but also the watcher." Nurse 2 (Beta); Line 266*

> *"I learned that calming the parents helped calm the child, even though I initially felt unsure of my explanation. I also Ask if they have additional concerns, I will just tell them to approach the ward nurse if they don't have any questions or any clarifications for now regarding the upcoming operation of their child." Nurse 4 (Delta); Lines 53-55*

> *"Answering parent's questions required patience, especially since I wanted to give accurate information as a novice nurse. Explanation should go to parents/guardian since they can communicate with the child. It should be clear to parents or guardian since they are directly the one who can talk to their patient." Nurse 7 (Golf); Lines 287-288*

> *"I felt responsible for reassuring guardians while also making sure all preoperative instructions were understood. I will ask the guardians or the parents to confirm that their patient really is for the procedure then have a conduct the preoperative rounds." Nurse 9 (India); Lines 102-104*

Providing pediatric preoperative care extends beyond performing technical procedures to supporting parents and guardians, who play a critical role in a child's emotional and behavioral response to surgery. Novice nurses often face challenges in explaining procedures, answering questions, and reassuring caregivers while still developing confidence in their communication and professional skills. Adistie et al. (2018) highlighted that parents expect clear, empathetic, and supportive communication from nurses during the preoperative stage, and gaps in this communication can increase parental anxiety and dissatisfaction. Similarly, Jerez Molina et al. (2023) found that nurses who actively engage with parents, tailor information to their needs, and exercise patience can effectively reduce parental anxiety, which in turn positively influences the child's cooperation.

Furthermore, Luengo et al. (2023) demonstrated that structured preoperative educational interventions, such as videos or storytelling, can significantly alleviate parental anxiety while providing novice nurses with a framework to communicate confidently. Supporting parents requires patience, clear explanations, and emotional sensitivity, as parental anxiety can directly influence the child's fear and cooperation. Effectively engaging with parents through accurate information, reassurance, and a supportive environment not only reduces anxiety but also helps novice nurses build confidence in their communication and professional skills. These strategies are essential for fostering parental confidence and promoting positive pediatric outcomes in the preoperative setting.

Theme 2: Shaping the Professional Self Through Pediatric Preoperative Experiences

This theme revealed how repeated exposure to pediatric preoperative rounds gradually shaped the professional development of novice nurses. Through challenging encounters, they learned to cope emotionally, improve communication, and strengthen their sense of

professional responsibility. Pediatric preoperative experiences play a critical role in shaping the professional self of novice nurses. These experiences challenge novice nurses to develop competence, confidence, and professional identity simultaneously, as they encounter situations that test both technical skills and emotional intelligence. Novice nurses often face uncertainty when performing assessments, explaining procedures, and providing preoperative instructions, especially when interacting with anxious children and their guardians. Engaging effectively in these situations requires patience, clear communication, and emotional sensitivity. Research indicates that preoperative care serves as a formative learning environment, enabling nurses to develop critical thinking, observational skills, and clinical judgment, which are essential components of professional identity (Wang et al., 2025).

In studies of newly graduated perioperative nurses, real-world clinical practice and structured transition support were shown to significantly influence how nurses develop competence, confidence, and professional self-concept in perioperative settings. Novice nurses reported that supportive facilitation and workplace guidance were essential in making sense of complex care situations and strengthening their evolving professional identity (Kaldheim et al., 2024). Likewise, novice perioperative nurses report that practice-based communication, patient safety actions, and collaborative teamwork strengthen both competence and professional self-concept (Kwon et al., 2025).

Cluster 2.1: Gradual Development of Confidence as a Novice Nurse

Novice nurses often begin their professional practice with feelings of uncertainty and low confidence, particularly in complex clinical areas such as pediatric preoperative care. The transition from theoretical knowledge to hands-on clinical practice can be stressful, as new nurses must apply skills, make critical decisions, and manage patient responses while under observation or time constraints. Developing confidence is a gradual process, shaped by repeated exposure to clinical situations, reflective practice, mentorship, and the accumulation of experience. This cluster explores how novice nurses build confidence over time, emphasizing the role of experiential learning, supportive workplace environments, and the achievement of small successes in shaping their professional growth and competence in pediatric care.

The participants expressed this cluster through these statements:

> *"At the beginning, I felt nervous conducting preoperative rounds, but with repeated exposure, I slowly gained confidence. On my professional growth, I developed a clinical eye. I can observe that the child is not okay." Nurse 3 (Charlie); Lines 499-500*

> *"Being new in the surgical area made me anxious at first, but experience helped me trust my skills more. Personally, as a mother, it can't be help to be emotional especially if the patient same age with my children. That's why prolonged exposure to cases for OR especially pediatric patients, it enhances my knowledge and skills." Nurse 4 (Delta); Lines 504-505*

> *"Each successful preoperative round helped me feel more capable as a novice nurse. It gave me a challenge to break my limitations. That beyond that experience I can still do something." Nurse 1 (Alpha); Lines 491-492*

> *"It shaped me in different ways personally as I said it strengthened or it gave me patience to handle them effectively and it widen my perspective on how to deal with them." Nurse 10 (Juliet); Lines 532-533*

Novice nurses consistently described a gradual increase in confidence during pediatric preoperative rounds, which developed through repeated exposure, hands-on experience, and reflective practice. Initially, participants reported feelings of nervousness and uncertainty when performing rounds or managing pediatric patients.

These experiences are supported by current literature, which shows that novice nurses often experience low confidence at the beginning of clinical practice due to lack of experience and anxiety about performance, but confidence improves with repeated exposure, mentoring, and reflection (Zhu et al., 2025). Simulation-based training has also been shown to enhance confidence by allowing nurses to practice clinical skills and decision-making in a safe, controlled environment (Baharum et al., 2023). Furthermore, qualitative studies indicate that experiential learning in real clinical settings is essential for transforming initial insecurity into professional competence and self-assurance, particularly in complex areas such as pediatric care (Najafi & Nasiri, 2023). Collectively, these findings underscore that confidence is not innate but gradually cultivated through clinical experience, reflection, and guided practice, enabling novice nurses to provide safer, more effective, and patient-centered pediatric care.

Cluster 2.2: Adapting Communication Skills for Children and Families

Communication in pediatric nursing requires flexibility, empathy, and awareness of both the child's developmental level and the caregiver's informational and emotional needs. Novice nurses often face challenges in conveying medical information clearly while simultaneously addressing children's fear and uncooperative behaviors and

alleviating parental anxiety. Developing adaptive communication skills involves adjusting language, tone, and approach, seeking guidance from experienced colleagues, and using strategies that foster understanding and cooperation. This cluster explores how novice nurses navigate these challenges, highlighting the techniques they use to communicate effectively with children and families and to ensure safe, supportive, and patient-centered preoperative care.

The participants expressed this cluster through these statements:

> *"As what I have said, some challenges I encountered is language barrier. I usually ask help from my colleagues who knows how to explain to the patient and their family in their own dialect. At the same time, I do brainstorm to myself how to deliver it efficiently." Nurse 2 (Beta); Lines 388-389*

> *"As a novice nurse, I learned to adjust my language when explaining procedures to children and parents. With challenges I encounter, language barrier, I usually ask another person that knows their dialect to interpret and explain what I am saying. In this way, we will understand each other." Nurse 6 (Foxtrot); Lines 406-407*

> *"Effective communication became a coping strategy when managing anxious parents….I have to be sometimes as a comforter, because sometimes these parents will ask many questions regarding the patient's status, how it will come out. Sometimes they will not directly ask the doctors but to you, to ask nurses, so you have the patient and having this open arm as a to comfort to them." Nurse 8 (Hotel); Lines 419-422*

> *"Pediatric patients are not cooperative, with my guide, the preoperative checklist and what was the special instructions usually given, I'll just stick to it so that I will not loss my direction on what to do during preoperative rounds…I became more aware of how my tone and words affected the child's response." Nurse 9 (India); Lines 429-431*

Participants described how adapting communication — including using understandable language, seeking help from colleagues, and adjusting tone and approach — was essential in interacting with both pediatric patients and their families. These experiences align with evidence demonstrating that effective communication between pediatric nurses, children, and parents is a fundamental component of quality care. Qualitative research indicates that pediatric nurses use a range of adaptive strategies — such as active listening, leading cues, and attentive communication techniques — to build rapport and understand patients' needs, which enhances cooperation and reduces anxiety (Weng et al., 2024). Additionally, studies show that effective nurse-child communication is associated with higher family caregiver satisfaction and positive perceptions of care, underscoring the broader impact of tailored communication in pediatric settings (Seniwati et al., 2023). A broader review of evidence further emphasizes that communication with young patients and their caregivers should be respectful, age-appropriate, and responsive to developmental and emotional needs to facilitate mutual understanding and involvement in care (Appiah et al., 2022).

Cluster 2.3: Building Emotional Control and Professional Composure

During preoperative care, novice nurses frequently encounter emotionally challenging situations, such as distressed or uncooperative children and anxious parents. Developing the ability to regulate one's own emotions and maintain professional composure is essential for ensuring both patient safety and quality care. Emotional control allows nurses to respond thoughtfully rather than reactively, model calm behavior for children and families, and sustain effective clinical performance under pressure. This cluster explores how novice nurses cultivate emotional resilience, manage stress, and demonstrate professional composure while navigating the complexities of pediatric preoperative nursing, highlighting its significance as a foundational competency for safe and compassionate practice.

The participants expressed this cluster through these statements:

> *"I remind myself every day that my work help heal patients, to protect them, give emotional support so that they can overcome their challenges. I also learned to control my emotions even when I felt overwhelmed during preoperative rounds." Nurse 3 (Charlie); Lines 393-394*

> *"Challenges like if the pediatric patient becomes hysterical or crying or a stranger anxiety. To cope with that situation, I must give him or her time to relax and then establish rapport as well as to the parents or, provide diversion for example, if you have a toy that you can give, at least to build trust. And then, be good and soft spoken. Don't be ill-tempered….Seeing children cry affected me emotionally, but I learned to stay calm and professional." Nurse 4 (Delta); Lines 396-398*

> *"Patience. Because they have a pediatric patients, sometimes their guardians are so annoying. They will ask, then you to explain, then they ask again. We should understand them. That's why you must have a long patience. I realized that showing composure helped reassure both the child and the parents." Nurse 7 (Golf); Lines 411-412*

> *"Emotional control helped me perform my role better as a novice nurse. Of course, if it's a child, as a mother, I'm emotional. It affects me in way that I became more observant." Nurse 5 (Echo); Lines 455-456*

Participants consistently described the importance of developing emotional control and maintaining professional composure during pediatric preoperative care. These lived experiences align with research showing that emotional intelligence and self-control are vital competencies in nursing practice, enabling nurses to regulate their own emotions, respond appropriately to patients' emotional needs, and maintain professionalism in stressful clinical environments. Existing studies indicate that higher emotional intelligence in practicing nurses is associated with improved self-regulation, better conflict management, and enhanced job satisfaction and performance, suggesting that emotional regulation skills support nurses' ability to cope with emotionally demanding situations while preserving clinical effectiveness and composure (Turjuman & Alilyyani, 2023).

In addition, qualitative research on nurses' experiences of self-control highlights that emotional regulation is crucial for managing stress, making sound clinical decisions, and delivering high-quality care during high-pressure scenarios. Taken together, this evidence underscores that building emotional control and professional composure is a developmental process that contributes to nurses' resilience, clinical competence, and capacity to provide compassionate, patient-centered care under emotionally challenging conditions ((Shahmari et al., 2025; Mehralian et al., 2025).

Cluster 2.4: Strengthening Professional Responsibility and Accountability

Professional responsibility and accountability are fundamental competencies for nurses, particularly in high-stakes clinical settings such as pediatric preoperative care. Novice nurses must navigate complex clinical tasks while ensuring patient safety, adhering to protocols, and delivering holistic, patient-centered care. These responsibilities require conscientious attention to detail, careful planning, and ethical decision-making, as well as the ability to recognize and correct errors proactively. This cluster examines how novice nurses develop a heightened sense of accountability through structured preoperative routines, reflective practice, and adherence to standardized procedures, emphasizing the role of professional responsibility in fostering safe, effective, and ethically grounded nursing practice.

The participants expressed this cluster through these statements:

> *"In my own personal experience, when it comes to my work, especially when dealing with patients, what I want is just focus on patients directly. And then my goal is to provide a holistic care and safety to patients… so I became more aware of my responsibility in ensuring the child's readiness for surgery." Nurse 1 (Alpha); Lines 539-540*

> *"Being accountable for preoperative preparation made me more cautious in my practice.. during preoperative rounds I know what should be done. i am able to foresee at. Because of that I am able to produce a better work outcome." Nurse 6 (Foxtrot); Lines 557-558*

> *"With guide of preoperative checklist, I am able to focus on what to do, on how to deal with pediatric patients. It will lead to my goal and produce an acceptable outcome. Preoperative rounds helped me understand the seriousness of my nursing role. " Nurse 9 (India); Lines 571-572*

> *"This experience strengthened my commitment to patient-centered care….Focus on goal to produce an acceptable outcome… don't think too much, just focus within the box." Nurse 10 (Juliet); Lines 574-575*

Participants consistently emphasized that engaging in pediatric preoperative care strengthened their sense of professional responsibility and accountability.

These experiences are supported by research showing that nurses' professional responsibility is closely linked to patient safety culture and clinical outcomes. A recent cross-sectional study demonstrated that a positive patient safety culture significantly enhances nurses' responsibility by fostering supportive working environments and adherence to safety norms(Sadeghi, 2025).

Nurses working in perioperative contexts have been shown to internalize responsibility for organizing care and preventing patient risk, indicating that accountability is integral to safe surgical nursing practice (Blomberg et al., 2018). Additionally, qualitative research on accountability in emergency nursing highlights that decision-making, ethical values, and professional conduct are inseparable from nurses' sense of responsibility in complex clinical roles (Rubio-Navarro et al., 2019). Together, these studies illustrate that nurses' professional responsibility and accountability are not only personal values but also essential components of high-quality and safe nursing practice, reinforcing the participants' reflections on how preoperative care strengthened their professional role.

Emergent Theme 3: Gaining Practice-Based Insights From Pediatric Preoperative Rounds as a Novice Nurse

Developing professional adaptation and resilience emerged as a key theme in understanding how nurses adjust to the demands of pediatric preoperative care. Experiences with distressed or aggressive children, as well as emotionally overwhelmed parents, contributed to the gradual strengthening of their professional confidence and ability to remain composed during challenging interactions. Over time, these repeated encounters fostered emotional endurance, situational awareness, and improved clinical judgment, enabling nurses to balance empathy with efficiency and compassion with technical precision. This theme illustrates how continuous exposure to pediatric preoperative challenges shapes the development of resilience and adaptability among novice operating room nurses. Research indicates that resilience in clinical practice is not static but rather a dynamic developmental process: repeated clinical stressors and coping responses contribute to strengthened adaptive capacity, emotional regulation, and situational confidence over time ((Badawy et al., 2024;Jarden et al., 2025).

This finding is supported by B. M. White et al. (2023) indicating that pediatric nurses' resilience develops through repeated clinical exposure, workplace support, and reflective coping, which strengthen emotional endurance, situational awareness, and professional adaptability in high-stress care environments.

Cluster 3.1: Realizing That Thorough Preparation Safeguards Pediatric Patients

This cluster was derived from transcript statements emphasizing chart review, verification, consent checking, and double-checking procedures (e.g., N1, N3, N7, N10). Through experience, novice nurses realized that careful preparation was not merely a routine task but a critical safety measure. From the transcripts, nurses consistently described reviewing charts, verifying identity, and ensuring consent and guardian presence. These experiences led them to understand that thorough preoperative preparation reduced errors and increased confidence, especially for novice nurses still developing competence.

The participants expressed this cluster through these statements:

> *"Should have a standard preoperative checklist... hen should have a system what should do first, to make it organize. And right information that can be retrieve and gathered by the preoperative nurse from them." Nurse 3 (Charlie); Lines 639-640*

> *"Reinforce what the instructions that Doctors gave to patients. We should have enough knowledge regarding the procedure to be done to a pediatric patient. Sometimes Doctors just abbreviate what they are saying. Us nurses should explain it further to a level that the family understand it well. Then, we should also ask for patients and family's feedback to know if they really understand it.." Nurse 6 (Foxtrot); Lines 752-756*

> *"Room should be conducive for them. There should be a preoperative activity to lessen their anxiety, activities that will divert their attention prior to their scheduled operation." Nurse 10 (Juliet); Lines 774-775*

> *"Standardized policy regarding preoperative rounds. There should be a child-friendly room, health teams should be wearing child-friendly outfit to kept them distracted." Nurse 9 (India); Lines 769-770*

Participants consistently emphasized that thorough preparation safeguards pediatric patients by ensuring that vital steps—such as chart review, verification of identity, confirmation of consent, and double-checking procedures—are completed accurately and systematically. Evidence supports these experiences: structured checklists like the pediatric preinduction safety checklist improve adherence to key safety steps, especially when parents are engaged in the process, which contributes to higher completion rates of checkpoints that help prevent errors (Bartz-Kurycki et al., 2018). Validated instruments designed to guide safe pediatric surgery confirm that such checklists promote systematic identification of safety measures and reduce dependence on variable individual practice (De Oliveira Pires et al., 2018).

Literature reviews of surgical safety checklists also show that, when implemented thoughtfully, these tools enhance communication, collaboration, and error identification among surgical teams—all essential elements of protecting pediatric patients during the preoperative period (Roybal et al., 2018). Together, these findings illustrate that meticulous preoperative preparation is not a routine formality but a critical safety measure that reduces risks and strengthens novice nurses' confidence and competence in pediatric care.

Cluster 3.2: Understanding the Importance of Child-Centered and Gentle Care

This cluster emerged from transcript descriptions of crying, fear, short attention span, and uncooperative behavior among pediatric patients (e.g., N1, N4, N5, N10). Through these encounters, novice nurses gained insight into the need for patience, gentleness, and emotional sensitivity. Participants described learning to adjust their approach based on the child's emotional state. These experiences helped novice nurses realize that technical competence alone was insufficient without child-centered care.

The participants expressed this cluster through these statements:

> *"Establish a good rapport, strategize when dealing with the patients, and most importantly, before coming to the patient's room or dealing with the patients, know their history, know patient's data, so that I will know what to do, when to and when not to deal with the patient. For example, if they have tantrums." Nurse 1 (Alpha); Lines 677-678*

> *"Like in wards where if pedia, there are paintings or the environment are suitable to pediatric patients. Then, nurses taking care of them post operatively should be well trained or have an extra training that they can fully attend concerns of a pediatric patient." Nurse 2 (Beta); Lines 730-733*

> *"In the pediatric ward, wear color uniform. Wall should be decorated with drawings. As long as you're in Pediatric, you must not wear something that will give fear to the children. You can't talk effectively to a child if they already fear you. Pediatric nurses should wear colored uniforms with designs especially cartoon characters. Just like a doctor I knew, every time she make her rounds she always wear for children so that they will not fear her." Nurse 7 (Golf); Lines 759-762*

> *"There are some toys so that they will enjoy and divert their attention. You know when they cry if the TV will play or if you give them toys, they will stop crying and their anxiety will be lessen also. Next, as I said earlier, we should not wear white uniform, because they are afraid. So, if possible, just wear gowns so that they will not fear nurses if they face them." Nurse 4 (Delta); Lines 743-745*

Participants consistently described that interactions with crying, fearful, short-attention-span, and uncooperative pediatric patients helped them recognize that technical competence alone is insufficient without a child-centered approach. These reflections align with evidence showing that child-friendly environments, tailored distractions, and psychosocial support are effective strategies in reducing pediatric anxiety and improving cooperation during care (Balkan et al., 2025). Child-friendly environmental design, such as colorful walls, themed imagery, and comforting décor, has been shown to significantly reduce preoperative anxiety among children undergoing surgery, suggesting that the physical context of care influences emotional responses. In addition, nurse-led play interventions significantly decrease children's anxiety and fear in hospital settings, demonstrating the clinical relevance of engaging, age-appropriate activities (Benazeera & Aranha, 2025). Furthermore, studies have found a negative correlation between the quality of nursing care and children's fear of care interventions, indicating that higher perceived care quality — which includes emotional sensitivity and supportive child-centered practices — is associated with lower fear levels (Karataş et al., 2025). Collectively, these findings reinforce that child-centered and gentle care practices are essential components of pediatric nursing that help novice nurses respond effectively to children's emotional needs, fostering safety, cooperation, and comfort throughout the preoperative experience.

Cluster 3.3: Recognizing the Influence of Parents and Guardians on Pediatric Care

This cluster was grounded in transcript statements highlighting parental anxiety, the need for explanations, and the role of guardians in communication (e.g., N2, N4, N7, N9). Novice nurses observed that parents' emotions directly affected the child's cooperation. Participants described allocating extra time to explain procedures to parents and guardians. From these experiences, novice nurses realized that supporting parents was an essential component of pediatric preoperative rounds.

The participants expressed this cluster through these statements:

> *"Preoperative rounds should be standardized to avoid errors. We should also collaborate with the team especially with doctors and other nurses. That's important." Nurse 2 (Beta); Line 636*

> *"Also, health team should be friendly, skilled with communicating with a child, these will lead to a trust. If this will not build, you will have hard time." Nurse 5 (Echo); Lines 651-652*

> *"Talk to the parents because they are the first line who communicate with their pediatric patient. Be patient, not in hurry, and be friendly in dealing with the child. Be supportive especially with the parents." Nurse 8 (Hotel); Lines 661-662*

Novice nurses observed that the emotional state and involvement of parents and guardians significantly influenced pediatric patients' cooperation and overall care dynamics during preoperative rounds. These experiences align with evidence showing that parental preoperative anxiety is closely linked to children's anxiety and behavioral responses, and that addressing parental information needs and providing structured communication can reduce anxiety levels for both caregivers and patients (Afzal et al., 2022). Research indicates that higher levels of information, education, and supportive communication for parents are associated with lower parental anxiety and improved perioperative experiences, which in turn benefits pediatric patients' emotional adjustment and cooperation (Yun et al., 2024).

Additionally, studies suggest that fostering positive parent-nurse partnerships and open

communication enhances families' trust and satisfaction with care and contributes to a more calming environment that supports the child's coping and cooperation (Santapuram et al., 2021). These findings underscore that supporting and engaging parents is an essential component of pediatric preoperative nursing, as parents' emotional responses and informational needs have direct implications for children's behavior and overall care outcomes.

Cluster 3.4: Gaining Awareness of Professional Growth and Accountability as a Novice Nurse

This cluster emerged from transcript reflections showing how novice nurses became more aware of their responsibility, role significance, and learning process (implicit across N1–N10). Through repeated challenges, participants recognized their growing accountability in preparing pediatric patients for surgery. Participants' narratives reflected a shift from uncertainty to awareness of professional responsibility. These experiences allowed novice nurses to see preoperative rounds as a formative experience shaping their professional identity.

The participants expressed this cluster through these statements:

> *"Personally, I can apply it to real life in dealing with different kinds of people, especially in pediatrics. It tests my patience and shows my limitations." Nurse 1 (Alpha); Lines 583-584*

> *"Cherish every moment with you loved ones. Widen your perspective when you encountered pediatric patients and their families. Have a long patience, not all patients and/or parents are not that knowledgeable with what you are doing. So, it us who should adjust with them." Nurse 9 (India); Lines 615-616*

> *"Your patience should be long. In nursing care preoperative there must no mistake because little mistakes will affect the whole procedure that you will do. It must be detailed, instructions you're giving should be sure of, even medicine error, you can't bring it back. It will change everything… even a small mistake can have a big impact. Learn from every round." Nurse 7 (Golf); Lines 607-608*

Participants' narratives reflected a growing awareness of professional responsibility, role significance, and accountability as they encountered repeated clinical challenges in pediatric preoperative care. Through these lived experiences, novice nurses began to view preoperative rounds as more than procedural tasks; they became formative encounters that shaped their professional identity and sense of duty.

These reflections align with evidence showing that professional identity and professionalism develop dynamically through experience, reflection, and overcoming challenges in clinical practice. Research indicates that nurses' perceptions of their professional role and self-concept evolve as they encounter real-world situations that require responsibility, accountability, and clinical judgment, suggesting that professional growth is an ongoing process influenced by practice exposure and reflective engagement (He et al., 2024). Furthermore, studies highlight that professional identity encompasses internal motivations, beliefs, and values tied to the nursing role, which help sustain nurses' commitment, resilience, and accountability in complex care environments such as pediatric settings (Mateo-Martínez et al., 2021).

These reflections align with evidence showing that professional identity and accountability evolve through clinical practice and reflection, as nurses develop self-understanding, internalize professional values, and reconcile their responsibilities with real-world patient care experiences (Philippa et al., 2021). This process helps novice nurses transform uncertainty into a strengthened sense of professional duty and confidence. Together, this evidence supports the idea that novice nurses' awareness of their professional growth is shaped by hands-on practice, reflection on experiences, and the gradual integration of responsibility into their clinical identity, ultimately contributing to more confident, competent, and accountable nursing practice.

Conclusion and Recommendations

This research explored the lived experiences of 10 novice nurses during preoperative rounds for pediatric patients. Using Colaizzi's descriptive phenomenological method, the analysis revealed a set of interconnected themes that describe the nurses' experiences, professional development, and shared insights.

The findings of this phenomenological study revealed that novice nurses experienced pediatric preoperative rounds as a high-stakes, emotionally demanding process, in which accuracy, patience, and emotional regulation were critical. The emphasis participants place on systematic chart verification, consent checks, and patient identification underscores the need for structured, child-specific preoperative nursing practices. This implies that nursing practice in pediatric surgical settings must consistently reinforce the use of standardized preoperative checklists to guide novice nurses and reduce the risk of errors that may compromise patient safety.

Moreover, the participants' accounts highlighted that pediatric fear, crying, and resistance significantly influenced the conduct of preoperative

rounds. This implies that nursing practice should not focus solely on technical preparation but must integrate developmentally appropriate, child-centered approaches that acknowledge children's emotional and psychological needs. The study further implies that parents and guardians are integral partners in pediatric preoperative care, as their anxiety directly affects the child's response. Thus, effective communication and reassurance of guardians should be recognized as a core nursing responsibility during preoperative rounds.

The novice nurses' experiences revealed gaps between their theoretical preparation and the actual clinical demands of pediatric preoperative care. Participants described feeling overwhelmed, anxious, and mentally exhausted during their initial exposures to preoperative rounds, particularly when handling emergencies or uncooperative children. This implies that undergraduate and postgraduate nursing curricula should strengthen experiential learning opportunities focused on pediatric surgical care, including simulation exercises that reflect real-life challenges such as time pressure, emergency consent issues, and child anxiety.

Additionally, the findings imply the importance of integrating communication training specific to pediatric patients and families, including strategies for explaining procedures in simple language, using non-threatening approaches, and managing parental concerns. Preparing student nurses for the emotional labor of pediatric nursing may help ease the transition from novice to competent practitioner.

From a management perspective, the study implies that novice nurses require strong institutional support systems when assigned to pediatric surgical areas. Participants frequently relied on colleagues, checklists, and informal guidance to cope with the demands of preoperative rounds. This suggests that nursing administrators should implement formal mentoring or buddy systems where experienced pediatric or surgical nurses support novice nurses.

Furthermore, participants' insights regarding the environment—such as the need for child-friendly rooms, uniforms, and distraction tools—highlight implications for hospital policy and infrastructure planning. Creating a pediatric-conducive environment may reduce anxiety, improve cooperation, and facilitate smoother preoperative rounds. Institutional policies that promote standardized preoperative protocols, interdisciplinary collaboration, and adequate staffing are essential to support safe and effective pediatric surgical care.

Based on the findings, it is recommended that healthcare institutions consistently implement and monitor the use of standardized pediatric preoperative checklists to guide novice nurses during preoperative rounds. These checklists should include not only technical requirements but also reminders related to guardian presence, emotional support, and child readiness. Nurses should be encouraged to adopt child-centered communication techniques, such as speaking at the child's level, using calming tones, allowing time for rapport-building, and involving parents as mediators. Emphasizing patience, emotional composure, and empathy may improve both the nurse's confidence and the child's cooperation.

Nursing schools are encouraged to enhance clinical simulations and case-based learning related to pediatric preoperative care. Scenarios should reflect common challenges identified in this study, such as managing uncooperative children, handling emergency cases, and communicating with anxious parents. It is also recommended that nursing education programs incorporate discussions on emotional resilience, coping strategies, and reflective practice, preparing novice nurses to manage stress and emotional strain in high-stakes clinical situations.

Hospital administrators are encouraged to develop orientation and continuing education programs tailored to novice nurses assigned to pediatric surgical units. These programs should focus on pediatric assessment, communication strategies, and emergency preparedness. Institutions should also consider improving the physical environment of pediatric preoperative areas by incorporating child-friendly designs, distraction tools, and appropriate nurse attire to reduce fear and anxiety. Establishing clear policies for interdisciplinary collaboration among nurses, physicians, and support staff may further enhance efficiency and patient safety during preoperative rounds.

Future studies may explore the lived experiences of experienced nurses in pediatric preoperative care to compare coping mechanisms across levels of clinical expertise. Quantitative or mixed-method studies may also be conducted to examine the relationship between standardized preoperative protocols and patient outcomes in pediatric surgical settings.

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