

Experiences of Pre-registration Learner Transitions into Operating Department Practice – a mixed method study.

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Background

To be developed

Methodology and Methods

The project used a pragmatic mixed methods approach using a convergent parallel design (Dawadi, Shrestha & Giri 2021). In this case, we collected quantitative and qualitative data from different sources and analysed separately but merged the findings. Therefore the methods are reported in 2 parts: i) the quantitative survey and ii) the qualitative focus groups.

Part 1: Quantitative survey

An electronic survey was designed using Microsoft Forms as part of a wider project on ODP workforce reform. The survey included several topics including aspirations for becoming an ODP, reasons for choice over other healthcare roles, career development

opportunities and reflections on promotion of ODP. The survey was modified for pre-registration learners to include a specific section on 'transition'. There were three questions using a Likert scale based on Schlossbergs Transition theory (Anderson, Goodman and Schlossberg, 2012) This was followed by several open-ended questions that allowed participants to elaborate on their responses.

Participants were invited to participate via an email sent from the College of Operating Department Practitioners to all known HEI contacts where ODP apprentice and direct entry courses were offered. HEI contacts were asked to place an invitation and survey link via their virtual learning environment notice boards. Information about the survey was provided with the invitation and participants were asked to consent at the commencement of the electronic survey.

The survey was open from 5th January to 20th March 2026. Data were then analysed using descriptive statistics for quantitative data and content analysis for the open-ended responses.

Part 2: Qualitative Focus Groups

The study was conducted at two Higher Education Institute (HEI)'s in England known to the researchers for practical reasons. Students from both direct entry and apprenticeship pre-registration courses at the two HEI's were invited to participate in the study via a cohort wide email. Those students who volunteered represent a convenience sample. Focus groups were selected to facilitate collective and shared responses through interaction (Holloway, 1997). A focus group was conducted for direct entry students at one HEI and two focus groups for apprentice learners at the other. They followed an interview schedule which included topics around Situation, Self, Support and Strategies (see Appendix 1).

All focus groups were jointly facilitated by one experienced and one novice qualitative researcher who were also ODP academic staff known to the participants. The focus groups were digitally recorded and transcribed verbatim. Data were analysed using Braun and Clarke's (2006) thematic analysis.

Ethical approval was obtained through the School of Nursing, Midwifery, Allied and Public Health Professions research ethics committee at Canterbury Christchurch University (ETH2526-0126).

DRAFT

Findings

This report includes the findings from the analysis of the data taken from focus groups and survey.

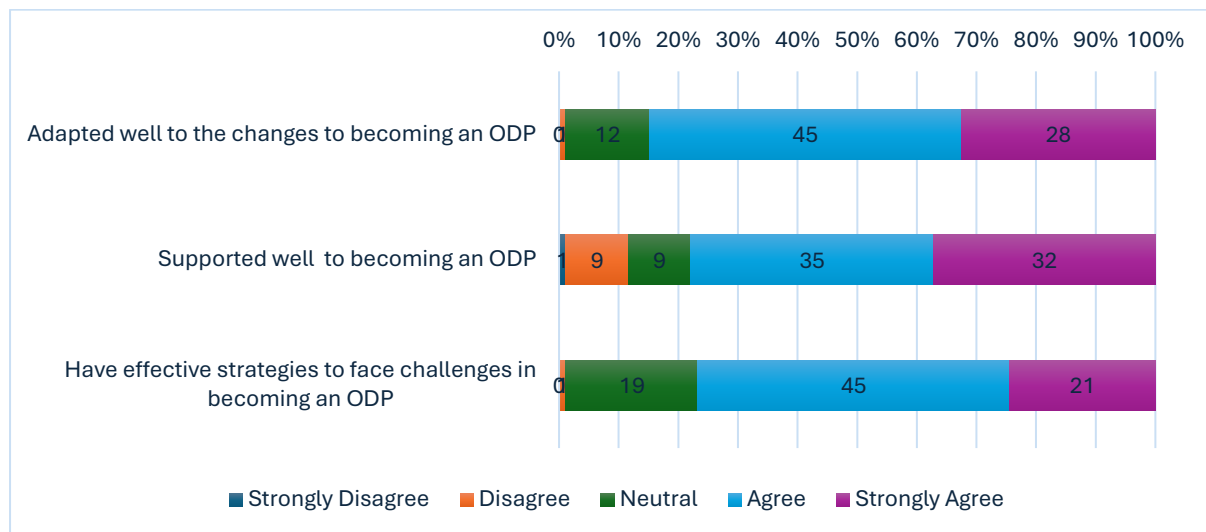
Three Focus Groups were run over 2 months, including Operating Department Practitioner students and Apprentices. The background data for focus group participants is indicated in the Table 1.

Table 1- Focus group participants

Group	Institution	Online or Face to Face	Direct Entry vs Apprenticeship	No of Participants
1	A	Face to Face	Direct Entry	10
2	B	Online	Apprenticeship	21
3	B	Face to Face	Apprenticeship	8

There were 86 responses from pre-registration learners (both Apprentice and direct entry) in the survey. The data were representative across all the regions of England with a greater proportion from Midlands (35%, n=28) but limited responses from Wales and Scotland. In terms of other demographic data, there was a greater proportion in the 18-24 age group (30%, n=24), and more normal distribution in other age categories. There was a higher proportion of those who identify as women (82%, n=66). In comparison to census data, there was a higher proportion identifying a non-heteronormative sexual orientation (28%, n=23), identifying as disabled, (20%, n=16) and from a non-white ethnic background (25%, n=20). The survey responses are shown in Figure 1.

Figure 1- Learner experience of transition to becoming an ODP – survey responses



From the analysis of both sets of data, 4 themes were generated about the experience of transition on to the ODP courses (direct entry and apprenticeship). Each will be discussed and data will be presented to support them.

Theme 1

Motivations for Transition: Information Seeking and Career Decision Making

Motivation to pursue ODP training emerged from a blend of early but unfocused aspirations toward healthcare, family-based exposure to theatre work, and the incidental discovery of the profession through open days and course exploration, highlighting the role of both personal intention and happenstance in career decision making. Collectively, these findings illustrate how both intentional career exploration and serendipitous encounters contribute to learners' decision-making processes.

A subtheme that emerged from the transcripts was the participants knowing from an early stage that they wanted to work in healthcare, but not sure where, as supported by the following 2 participants:

"I always knew I wanted to work like kind of in the hospital environment, but I just never really knew where." (Group 1, Direct Access)

"I want to go into healthcare but didn't know what to what to go into" (Group 1, Direct Access)

Additionally, participants came across the ODP profession unintentionally when looking at other courses

“I went into the ODP thing (university open day room) and then I just went home thinking, yeah, I’m applying for this.” (Group 1, Direct Access)

“I just didn’t know it (ODP) existed until I went to Canterbury” (Group 1, Direct Access)

“I happened to see the ODP room up for it (saw the room was open when looking at others) and I went and had a chat” (Group 1, Direct Access)

While some participants in the focus groups seemed to identify ODP after chance experiences, the survey findings indicated that ODP was discovered through other more structured experiences such as attending open days or prior experience in the theatre environment (as prompted by questions in the survey one participant mentioned:

“Working as a theatre support worker”

“Through a university open day”

Similarly, there were some participants that emphasised the importance of family or personal connections in the decision-making process, in choosing the ODP profession as this participant states

“I have a mother that works in theatres” (Group 1, Direct Access)

Family connections as a motivation for ODP is also supported by data from the survey

“My cousin who is a theatre nurse told me about the profession” (Pre-reg)

Taken together, these findings suggest that motivation to pursue ODP training is shaped by a combination of personal aspiration, relational influence, and chance discovery. Learners often rely on informal networks or incidental encounters to access information, underscoring the need for more structured and visible career information pathways within both educational and clinical settings.

Theme 2

Preparing for Transition: Navigating Personal, Life and Financial Challenges

From the data, participants in the focus groups talked about experiences prior to entry and early steps on the course to prepare for transition. These involved learners navigating personal, life and financial challenges and includes 3 subthemes generated from the data:

2.1 Balancing life circumstances and course demands

2.2 Facing academic, practical and interpersonal challenges

2.3 Navigating financial pressures

2.1 Balancing life circumstances and course demands

Learners described the phase in which learners prepare to enter ODP training as a complex time shaped by life circumstances, academic and workplace demands, financial pressures, and interpersonal challenges, yet made manageable through the adaptability and organisation of the ODP course, which enabled them to balance family life, navigate stressors, and maintain their wellbeing as they moved into training.

Rather than waiting for the 'right' moment, participants suggested that motivation and personal organisation mattered more than individual circumstance in successfully preparing for the course.

"Its less about life circumstances. If you want to do it... It super adaptable to your life "

(Group 1, Direct Access)

"Happy with the juggling of the work life study balance, because before I think I had set dates (in my previous job), you know, for school runs and childcare. So, when I started, I need we needed to rearrange everything and luckily you know that's from the

(Participant hospital) they really Accommodating " (Group 3, Apprenticeship)

Survey responses reinforced this sense of manageability, with participants describing consistent, self-directed strategies; such as timekeeping, active participation in placement, and attention to their own wellbeing, as central to coping with the demands of preparing for practice. Most respondents (77%, n=66) (strongly) agreed with the statement 'I have effective strategies to assist in the challenges faced in the journey to an ODP' indicating learners generally perceive they have effective coping mechanisms to face the variety of challenges as a learner (see Figure 1)

2.2 Facing academic, practical and interpersonal challenges

Alongside balancing home and study life, participants identified academic, environmental and interpersonal challenges in preparing for the ODP role. Some found the heavily lecture-based, theory-focused teaching style difficult, particularly practical learners or those who were later identified as having additional learning needs.

"People who are practical learners may struggle with the theory side, as a lot of the lectures are PowerPoint based which can be a difficult for some people" (Group 2, Apprenticeship)

"I struggled a lot and I found out I had dyslexia and ADHD during that (time) and I think that was really that threw me off big time" (Group 1, Direct Access)

Others described the emotional impact of disconnection from peers, particularly where there was reduced opportunities for contact during placement experiences, compounding feelings of isolation during an already demanding period.

"I didn't see another student for six weeks and that probably made me feel quite isolated" (Group 1, Direct Access)

2.3 Navigating financial pressures

Financial pressure was a recurring challenge described by both apprenticeship and direct-entry participants, particularly the drop in income experienced on entering training or the difficulty of managing living costs on a student income. For apprentice participants this was described in the following way

"Because you become a student... we have to drop in pay. So that's probably the only negative factor of it." (Group 3, Apprenticeship)

And for one direct entry participant they indicated the general challenges for all students

"Part of the turn off with health science as a whole is people can't afford to do a full uni degree" (Group 1, Direct Access)

For apprentices, however, funded training was described as a significant enabling factor that offset some of these pressures.

"not worrying about the fees or paying it back because it's fully funded, it was a great opportunity" (Group 2, Apprenticeship)

Survey responses echoed similar financial tensions more broadly across the cohort, as one participant described in an open ended response

"Financial support, hard balancing costs plus social life." (Pre-reg learner, Survey)

Theme 2 illustrates that preparing for entry into ODP training is a demanding but navigable process. While learners faced overlapping life, academic, interpersonal and financial pressures, the flexibility of the course structure combined with learners' own coping strategies and sense of ownership over their challenges enabled them to move successfully towards the start of training.

Theme 3

Enabling Transition: Navigating into the ODP Role

This theme illustrates how participants navigate the transition into becoming an ODP by developing adapting strategies and recognising enabling external factors. These are distinct from the preparatory theme 2 as they are more immersed in their ODP identity. Three subthemes generated from the data

3.1 Adapting to the perioperative environment

3.2 Flexible course structure enabling transition

3.3 Variable support from the university, practice and social sources.

3.1 Adapting to the perioperative environment

Learners described adaptation as a central part of their transition into the ODP role, emphasising that success depended on their own ability to adjust to differing mentoring styles, workplace expectations, and individual practitioner approaches rather than expecting the course or clinical environment to change for them.

Some participants pointed out the importance of self-efficacy and choices when it comes to surmounting the challenges presented by practice, frequently focused on adapting to different mentoring styles:

“We have to adapt a lot because a lot of the practitioners we are working with all like things done differently.” (Group 3, Apprenticeship)

“I've learned to actually just listen to everyone. Everyone's got different ways. As students, we take in everything that everyone's doing and we make our own way” (Group 3, Apprenticeship)

“Working under different practitioners who work in different ways wanting you to work and adapt to them, not necessarily giving reasons behind their practice which make it hard for me to understand why they are doing what they are doing” (Group 2, Apprenticeship)

Responses from the survey support the suggestion of willingness to embrace change and make the best of it. Seventy-three (85%) participants strongly (agreed) with the statement ‘Adapted well to the changes to becoming an ODP’ (See Figure 1). This was also supported by a participant response in the open-end questions:

“I try and use change to educate myself and take positive aspects into my own practice.” (Pre-reg learner, Survey)

These results suggest that participants feel they have overall adapted well.

3.2 Flexible course infrastructure enabling transition

Participants consistently described the flexibility and adaptability of the ODP course as a major positive during transition, highlighting how its structure, pacing, and accessible learning resources enabled them to manage personal challenges, maintain balance, and catch up when needed.

The data suggested that overall flexibility of the course, and its effect on managing personal life challenges had a positive impact on learners

“The course is nice... because it is quite easy to adapt.” (Group 1, Direct Access)

This participant went on to describe a time when they had a family emergency and had to leave the lecture. They were reassured that they did not miss anything as the lectures and presentations were automatically recorded so were able to catch up later.

“But with course being flexible in the fact that well, if he was ever sick, I mean pick something up. I could always go Back and listen to recordings or do the presentations in the future.” (Group 1, Direct Access)

However, this flexibility is not always experienced in practice as protected time for learning may not always be supported

“Protected student hours... I have been used as Theatre Support Worker, giving up learning opportunities to support staffing issues.” (Pre-reg learner, Survey)

3.3 Variable support from the university, practice and social sources:

Learners described a wide network of support that enabled their continued transition into becoming an ODP. This included university learning support, attentive lecturers, family encouragement, and supportive practice staff. However, they also recognised that the absence of these systems, particularly when living away from home, could intensify emotional and practical challenges, with participants differing in whether emotional, practical, or informational support mattered most to their wellbeing.

Participants described the support of lectures and university learning support

*“I reached out to the University for the learning support and a structured a plan for me”
(Group 2, Apprenticeship)*

"I would say the Uni lecturers. I think they are always like, very supportive and they're always like there with open arms." (Group 1, Direct Access)

When considering what has been most supportive during the course one participant stated

"Learning enhancement (university service), oh 100%. Being a student, enhancement and the staff all the way." (Group 1, Direct Access)

Participants also highlighted the importance of family support

"Some of the lecturers and my practise educator, yeah. And my family," (Group 2, Apprenticeship)

Whilst others also highlighted the support received in practice

"People are more supportive of me as a student than I thought they would be" (Group 3, Apprenticeship)

However, in contrast, for those participants who did not have family support, this was clearly experienced as a challenge.

"there's much less of a support system for a lot of students that have come that aren't living with family" (Group 1, Direct Access)

The survey highlights the importance of good mentorship in this support structure, along with support from university staff:

"My clinical mentors. These individuals will either make or break your career." (Pre-reg learner, Survey)

"Mentors in placement and the lead practice educator... are supportive." (Pre-reg learner, Survey)

"My university lecturers have been fabulous, but so have my mentors in the workplace." (Pre-reg learner, Survey)

However, the inconsistency of sources of support at the interface between university and practice areas was noted as a significant challenge.

"A lot of mentors are not very good educators, and struggle to support students properly" (Pre-reg Learner, Survey)

"Support whilst on placement. Check ins from the university are done directly to our accessors or the manager of the area that we are working in, instead of us" (Pre-reg learner, Survey)

When considering whether emotional, practical or informational support from these sources was the most important from their perspective, one participant suggested a balance

“I'd say a combination of all three (emotional, practical or information)” (Group 2, Apprenticeship)

While others clearly indicated what was their priority:

“Mostly practical, then information, not emotional.” (Group 3, Apprenticeship)

In response to the survey statement ‘Supported well to becoming an ODP’ 67 (78%) participants strongly (agreed) (See Figure 1), suggesting the majority could identify appropriate support.

Overall, Theme 3 illustrates that successful transition into becoming an ODP is enabled by a combination of learner adaptability, structural flexibility within the programme, and robust support networks spanning university, practice, and social environments. While many learners reported positive experiences, the data also highlight areas where support is inconsistent, particularly in the practice environment. These findings highlight the importance of coherent, well-structured support systems and responsive educational environments in facilitating learners’ progression into professional ODP practice.

Theme 4

Becoming an ODP: Developing Professional Identity and Personal Growth

Learners described the transition into becoming an ODP as deeply shaped by their emerging professional identity, noting that they often felt overlooked within wider society. The substantial time in clinical practice fostered a stronger sense of belonging to the workplace and hospital environment, reinforcing their identity as developing practitioners rather than aligning with the student or university community. For instance, most participants in both direct entry and apprentice groups pointed to a greater sense of belonging in clinical practice.

Participants described the greater amount of time spent in practice as a significant factor

“Obviously I’m private (working for a private organisation), but I'd say I feel more part of a hospital than a student. I think that is just because we're sort of only at Uni once a month” (Group 3, Apprenticeship)

“You are just predominantly spending your time either at hospital or at home, and that's probably people might feel more NHS based” (Group 1, Direct Access)

This greater affiliation with a practice based professional identity is also influenced by the challenges of being part of a small cohort within the university that led to some experiences of feeling excluded there: *“Last year we have(sic) (a) class, and they had to do an entire survey as part of the study..... they completely missed our cohort in it” (Group 1, Direct Access)*

Similarly in the survey a respondent expressed concerns about the challenges of establishing a professional identity when there is a lack of visibility of ODP in the public:

“ODP career is still unfamiliar within society (in general), because when people attend hospitals they don’t distinguish between nurses and ODPs” (Pre-reg learner, Survey)

A further subtheme identified by participants was the recognition of the transformative process and significant personal growth in becoming an ODP. Many noted increased maturity, confidence, and professional development. The following direct entry participant illustrates this by reflecting on what they were like prior to being a student

“Personally, I can say the person I was before being an ODP student. Feels like two very different people” (Group 1, Direct Access)

The participants also reflected collaboratively and were able to see how peers within their community had also developed

“This course has made us mature a lot faster.” (Group 1, Direct Access)

This final theme illustrates that becoming an ODP involves both professional identity formation and personal transformation. Learners navigate a dual identity: student and practitioner, but in this study align themselves with the clinical environment, where they experience greater recognition, belonging, and professional affirmation. At the same time, they recognise that through their learning they have achieved significant personal growth, maturity, confidence, and resilience.

The combined focus group and survey data suggest that ODP training is not merely an educational pathway but a developmental journey in which learners negotiate visibility, establish professional legitimacy, and evolve both personally and collectively as emerging healthcare practitioners.

Discussion

To be developed

Limitations

Due to the available options on the survey, we cannot differentiate between Apprenticeship or Direct Entry students in the survey quotes, while many of the challenges faced are homogenous there are some differences between cohorts which can create a different learning experience. For instance, apprentices are paid throughout their journey and often start having already worked in a hospital.

Due to limitations in participant consent for certain demographic variables, only a subset of demographic data could be collected. This resulted in incomplete demographic representation within the dataset for focus group 1.

Conclusion

This study examined learner transitions into Operating Department Practice (ODP) training through an integrated analysis of focus group and survey data. The findings demonstrate that transition into the ODP role is a multifaceted process shaped by personal motivation, structural and interpersonal challenges, enabling factors within the learning environment, and the development of professional identity.

Learners entered ODP training with strong intrinsic motivation but limited prior knowledge of the profession. The transition period was characterised by intersecting academic, personal, and financial pressures, yet learners demonstrated considerable resilience and employed effective strategies to navigate these challenges. Adaptability emerged as a central competency, with learners recognising the need to adjust to diverse mentoring styles, workplace expectations, and the demands of the theatre environment.

Support networks played a critical role in enabling successful transition, although variability in support quality highlighted areas for improvement. The structure and flexibility of the ODP course further facilitated learners' progression, allowing them to balance competing responsibilities and recover missed learning.

Finally, the transition into becoming an ODP was marked by significant professional identity formation and personal growth. Learners reported stronger belonging within clinical practice than within the university, underscoring the workplace centred nature of ODP identity. The transformative impact of the course was evident in increased maturity, confidence, and personal development.

Overall, the findings suggest that ODP training is both demanding and developmental, requiring learners to navigate complex challenges while cultivating adaptability, resilience, and professional identity. Strengthening mentorship consistency, enhancing visibility of the ODP role, and ensuring protected learning time may further support learners as they transition into this vital perioperative profession

References

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Appendix 1 Discussion guide v2

Discussion Guide: Exploring Transitions with Schlossberg's 4 S's + Role Theory

Setting the Scene

Tone: Emphasize openness, no right or wrong answers, and that the guide is about reflection, not judgment.

Situation - Tell us about becoming an ODP student?

- “What were the reasons for your choice?”
- “Did starting your course come at a good time, or did it feel disruptive?”
- “What was your experience like in becoming a student? Which parts were within your control, and which weren't?”
- “Are there other stressors happening alongside this transition?”

Self- What have you learned about yourself in becoming a student?

- “What inner resources are you drawing on — optimism, resilience, past experiences?”
- “How do you usually respond to change — do you lean into it, resist it, or adapt gradually?”

Support - What or who has helped?

- “Who has been most supportive during this change?”
- “What kind of support do you value most — emotional, practical, or informational?”
- “What support is missing?”
- “If you could design the ideal support system, what would it look like?”

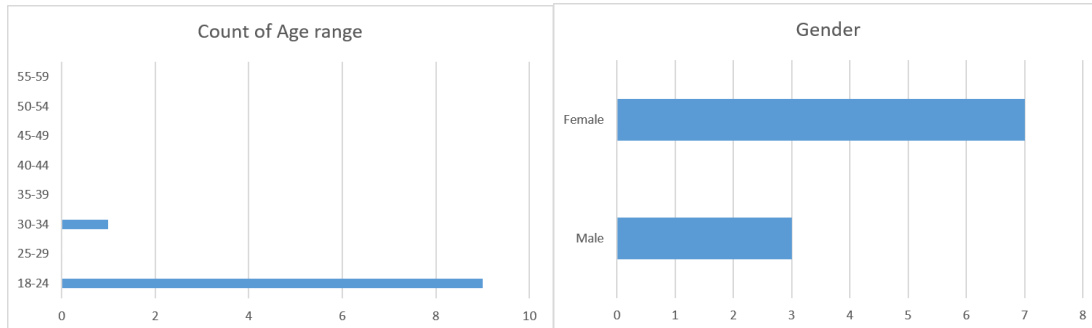
Strategies - What strategies are you using to cope with being an ODP student?

- Tell us some of the things you've tried to help you ease into the role of ODP student (pay attention to practical, emotional and
- “What has been most effective, and why?”
- “What new strategies might you try going forward?”

Appendix 2 Participant Demographics

Focus Group 1 (UEA)

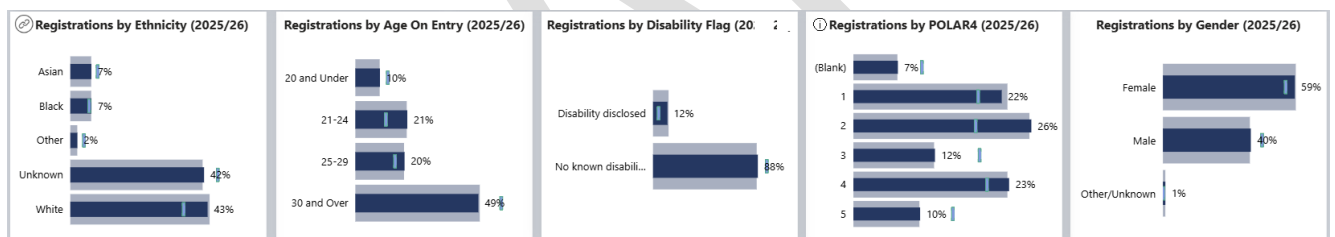
10 Participants



Due to limitations in participant consent for certain demographic variables, only a subset of demographic data could be collected. This resulted in incomplete demographic representation within the dataset

Focus Groups 2 and 3 (CCU)

29 Participants



Survey

85 Participants

