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Surgical team members' perceptions of operating room nurses: a metaphor study

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ABSTRACT

Aims: Existing studies have not adequately explored the professional identity of operating room nurses and their perceived value within the surgical team, particularly through a metaphorical approach. This study examined surgical team members' perceptions of the operating room nurse through metaphor analysis.

Methods: This qualitative study examined surgical team members' perceptions of operating room nurses in Turkiye with at least six months of experience through metaphors. Semi-structured interviews were conducted with 69 participants selected through purposive sampling. Participants were asked to generate a metaphor to describe operating room nurses and explain their rationale.

Results: Participants generated 32 valid metaphors, grouped into four conceptual categories; 'team leader,' 'supporter and assistant,' 'family member,' and 'patient advocate.' The most frequent metaphors were found in the 'team leader' and 'supporter/helper' categories. The findings reflect the essential and multifaceted functions of the operating room nurse and demonstrate that surgical teams have a multidimensional perception of operating room nurses, spanning 'invisible support,' 'silent leadership,' and 'patient advocacy.'

Conclusion: Operating room nurses are perceived within the surgical team for their technical skills and for their critical roles in leadership, coordination, and patient advocacy. Surgeons' and nurses' perceptions differed, rooted in professional and hierarchical dynamics. Increasing visibility of nurses' leadership and advocacy roles and supporting shared leadership within the team are crucial to ensuring safer, more effective surgical care. Further studies are needed to develop interventions that increase team awareness and empower nurses in this area.

Keywords: Operating room nursing, perioperative nursing, operating rooms, patient advocacy, qualitative research

INTRODUCTION

Operating rooms (OR) are complex, high-risk environments where healthcare professionals from different specialties must collaborate to ensure patient safety.[1] Continuous interaction among surgeons, anesthesiologists, OR nurses, and technicians shapes surgical team organization and directly contributes to the quality and safety of surgical care.[2] Within surgical teams, effective communication and coordination are essential for both surgical success and patient safety.

OR nurses-acting as scrub nurses, circulators, surgical assistants, and anesthesia nurses[3]-play a central role in this process by contributing not only their technical knowledge and skills but also communication, empathy, and coordination competencies.[4,5] Surgical team members' perceptions of the nursing role are important for understanding nurses' professional value and visibility within the team. These perceptions, shaped through intensive social interactions in the OR, are closely related to professional identity and socialization processes.[6] Although OR nurses often face heavy workloads, their contributions may remain relatively invisible within hierarchical team structures.[7] Recent qualitative research indicates that OR nurses play an important role in coordinating complex perioperative processes and collaborating within multidisciplinary surgical teams.[4] However, the literature has generally focused on explicit professional experiences, organizational factors, and teamwork processes, while the implicit meanings attributed to OR nurses by surgical team members have received limited attention. Although metaphor-based studies have been used in nursing and healthcare education, how OR nurses are metaphorically conceptualized within surgical teams remains insufficiently understood.

The OR is a social and symbolic environment in which professional roles, team membership, and belonging are shaped through daily interactions.[8] Examining how surgical team members perceive OR nurses may provide deeper insight into their professional identity and visibility within the team.

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Metaphors are useful tools for revealing the hidden dimensions of thought, as they reflect individuals' perceptions, beliefs, and attitudes and may influence how they interpret and act within real-world professional contexts.[9] This study aimed to explore how OR nurses are perceived within the surgical team, including OR nurses' self-perceptions, by examining the metaphors used in participants' narratives. The study addressed the following research questions:

- What metaphors do surgical team members, including OR nurses themselves, use to describe OR nurses?
- In what contexts are these metaphors expressed?
- What meanings, attitudes, and behavioral patterns do these metaphors reveal regarding clinical experiences during the surgical process?

METHODS

Ethics

The study was conducted in accordance with the Declaration of Helsinki. Ethical approval was obtained from Burdur Mehmet Akif Ersoy University Ethics Committee (Date: 06.03.2024, Decision No: GO 2024/117). Written institutional permission was obtained from all participating hospitals. Before the interviews, participants were informed about the researcher's role, the study purpose, voluntary participation, confidentiality, data storage procedures, and their right to withdraw at any time. Written informed consent was obtained from all participants. All data were kept confidential, used only for scientific purposes, and will be stored securely for five years.

Study Design

Surgical team members' perceptions of OR nurses were explored through a qualitative descriptive study. The design allowed participants to describe their perceptions in a direct, comprehensive, and context-sensitive manner. Metaphor analysis was then used to examine how surgical team members conceptualized the roles, values, and professional identities of OR nurses through the metaphors embedded in their narratives, particularly in relation to leadership, coordination, support, and patient advocacy within the surgical team.[10] Metaphors are linguistic and cognitive tools that allow individuals to express complex perceptions and professional meanings by relating abstract concepts to more familiar ones.[11] While metaphor analysis was used as the primary interpretive framework, content analysis supported the identification of meaning units within participants' explanations. Thus, categories were not based solely on metaphor labels but on the relationships between the metaphor source, target, transferred meaning, and contextual explanation.

The study was conducted in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.[12]

Setting and Sample

To reflect different hospital types in the Mediterranean region, this study was conducted with surgical team members actively working in the ORs of six hospitals that granted institutional permission-three public, two private, and one university hospital-located in the provincial centers of Burdur, Isparta, and Antalya, Turkiye. Criterion sampling enabled the inclusion of participants with direct experience working with OR nurses, while maximum variation sampling ensured diversity across professional groups, hospital types, and experience levels. Participants were required to be members of a surgical team who had been actively employed in an OR for at least six months, and included OR nurses, surgeons, anesthesiologists, and technicians directly involved in the surgical process. OR nurses were included because their self-perceptions provide an internal perspective on how the OR nursing role, professional identity, and value are constructed within the team.

Data collection was conducted until data saturation was achieved.[13] As interviews were completed in each hospital and professional group, the generated metaphors, their explanations, and the emerging conceptual categories were reviewed. Saturation was considered reached when no substantially new metaphors or meaning units emerged, existing metaphors began to recur, and the existing conceptual categories were sufficiently supported by participant statements. Data saturation was assessed across the overall dataset rather than separately for each professional group, due to the unequal distribution of participants across professions. Based on this iterative assessment, the final sample included 69 surgical team members: 30 OR nurses, 26 surgeons, 4 anesthesiologists, and 9 technicians.

Data Collection and Instruments

For a phenomenon to be characterized as a metaphor, it must include a source, a target, and the qualities transferred from the source to the target.[10]

Data were collected between July 1, 2024, and December 15, 2024, through face-to-face, in-depth interviews. Before conducting interviews, the researchers developed descriptive characteristics form and a semi-structured interview form based on the literature. The interviewer was an academician with 18 years of OR nursing experience. While some participants knew the researcher in a professional context, the researcher had no managerial, supervisory, or evaluative relationship with the participants.

A pilot study was conducted with an OR nurse, surgeon, and anesthesia technician. These interviews were conducted only to evaluate the clarity, comprehensibility, and applicability of the semi-structured interview form and data collection procedure, and were not included in the final sample or final analysis.

Before the interviews, participants provided their age, gender, education level, hospital type, occupation, and OR experience. The interviews were conducted in private rooms to ensure confidentiality and minimize interruptions. With participants' permission, interviews were audio-recorded and lasted approximately 25 minutes on average. The semi-structured interview included three questions: what do you compare an OR nurse to?, why do you make this comparison?, and is there anything else you would like to add? When

necessary, probing questions were used to clarify the meaning, context, and rationale of the metaphors generated by participants. Participants' initial responses provided sufficient explanations of the metaphors they generated, and no clarification was required during the analysis process, so no follow-up interviews were conducted.

Statistical Analysis

The interview recordings were transcribed verbatim and checked for accuracy by the researchers. Qualitative data were manually analyzed by the researchers using metaphor analysis as the primary analytical framework. Manual analysis was preferred because metaphor analysis requires detailed examination of each metaphor's source, target, transferred meaning, and participant explanation. Content analysis was used as a complementary approach to examine participants' explanations, identify meaning units, and support the development of conceptual categories. The analysis focused on identifying the metaphors generated by participants, the meanings attributed to these metaphors, and the conceptual categories reflecting surgical team members' perceptions of OR nurses. The collected metaphors were analyzed and interpreted in six steps, following the literature on metaphor analysis and qualitative research.[14,15]

Step 1. Naming: Each of the 69 participants generated one metaphor. All metaphors were identified from the interview transcripts, simplified, coded, and listed alphabetically to create a preliminary metaphor list.

Step 2. Screening: The source, target, and explanation provided by the participant were evaluated for each metaphor. Metaphors were considered valid if they included a clear comparison, sufficient explanation, and a direct relationship to the concept of the OR nurse. All participants generated metaphors that met these criteria, so no metaphors were excluded during the screening process.

Step 3. Reorganization and compilation: Repeated or semantically similar metaphors were merged under a single metaphor label, resulting in 32 distinct and valid metaphors for final analysis. These metaphors were recoded, arranged alphabetically, and examined in detail. Representative quotations were selected to reflect each metaphor's meaning and coded to ensure participant confidentiality.

Step 4. Category development: Metaphors were analyzed according to their shared meanings, conceptual similarities, and the qualities transferred from the metaphor source to the target concept of the OR nurse. Four categories based on the perceived role, value, and position of the OR nurse within the surgical team were developed inductively from participants' explanations: team leader, supporter and assistant, family member, and patient advocate. These four categories represented conceptually distinct and internally coherent dimensions of participants' perceptions; any other meanings overlapped with these domains.

Step 5. Analytical trustworthiness: To enhance the validity of the findings, the data analysis process was described in detail, and representative quotations were provided for each category.[16] To ensure internal reliability, two researchers independently evaluated the assignment of the valid metaphors to the conceptual categories. Disagreements were resolved through discussion and consensus. Additionally, an external faculty member with expertise in qualitative research reviewed whether the metaphors accurately represented the relevant categories. Agreement between the expert and researcher assessments was calculated using the Miles and Huberman formula; reliability=agreement/(agreement+disagreement)×100. Based on the category assignment of the 32 valid metaphors, 30 agreements and 2 disagreements were identified, yielding an agreement rate of 30/(30+2)×100=93.75%. According to Miles and Huberman,[17] an agreement rate of 90% or higher indicates an acceptable level of reliability.

Step 6. Data analysis: The findings were presented using frequencies, conceptual categories, and direct quotations from participants. Quotations were labeled with an alphanumeric coding system indicating the participant group and number: S for surgeon, ORN for OR nurse, A for anesthesiologist, and T for technician. SPSS Version 22.0 was used to calculate descriptive statistics and to summarize participants' demographic characteristics and the distribution of metaphors.

Rigor and Trustworthiness

The trustworthiness of the study was ensured based on the criteria of credibility, transferability, dependability, and confirmability.[18] Credibility was strengthened by asking participants to explain the reasons underlying their metaphorical perceptions, which enabled the researchers to interpret the metaphors in their original contexts. In addition, researchers experienced in qualitative research reviewed the research process and metaphor analysis. Transferability was enhanced through criterion and maximum variation sampling, which resulted in the inclusion of participants from different professional groups, hospital types, and levels of OR experience. The study setting, participant characteristics, inclusion criteria, and data collection process were also described in detail.

Dependability was supported through concurrent data collection and preliminary analysis, and the participation of two researchers in the analysis and interpretation process. Metaphor analysis, coding, and category development were systematically documented. Confirmability was ensured by supporting the findings with participants' direct quotations and presenting detailed data in **Table 1**. Researcher consensus and external expert review also reduced potential researcher bias.

Researcher reflexivity was considered throughout the data collection and analysis processes to increase awareness of potential assumptions and biases.[19] Although the interviewer's extensive professional experience in OR nursing provided contextual familiarity and facilitated communication with participants, it may also have influenced participants' responses and data interpretation. To minimize this potential influence and reduce individual research bias, open-ended, non-leading questions were used, and participants were encouraged to express their metaphors in their own words. Coding and category development were discussed among the research team.

Table 1. Categories, metaphors, and frequencies of surgical team members regarding the concept of operating room nurse

Category	Metaphor	Frequency	Operating room nurse	Surgeon	Anaesthesiologist	Technician
Team leader	Octopus	4	3	1	-	-
	Pilot	1	-	-	1	-
	Cornerstone	2	-	-	1	1
	Host	1	1	-	-	-
	Coordinator	2	1	-	-	1
	Multifunctional robot	1	1	-	-	-
	Hidden manager	2	2	-	-	-
	Robocop	1	1	-	-	-
	Queen bee	2	1	-	-	1
	King or queen	1	-	1	-	-
	Team leader	1	-	1	-	-
	Backbone	1	1	-	-	-
	Indispensable	1	1	-	-	-
	Lifeblood	1	-	-	1	-
Subtotal		21	13	2	3	3
Supporter and assistant	Teammate	6	3	2	1	-
	Surgeon's right-hand person	3	-	3	-	-
	Doctor's assistant	3	-	3	-	-
	Strong supporter	3	-	3	-	-
	Assistant	3	-	3	-	-
	Worker bee	2	1	-	-	1
	Third hand	1	-	1	-	-
	Swiss army knife	1	-	1	-	-
	Co-pilot	1	-	1	-	-
Subtotal		23	4	17	1	1
Family member	Mother	10	5	2	-	3
	Sibling	2	-	2	-	-
	Family member	1	-	1	-	-
	Close friend	1	-	1	-	-
	Close relationship	1	-	1	-	-
Subtotal		15	5	7	0	3
Patient advocate	Angel	3	3	-	-	-
	Hidden hero	4	2	-	-	2
	Protector	2	2	-	-	-
	Superhero	1	1	-	-	-
Subtotal		10	8	0	0	2
Total		69	30	26	4	9

Each participant generated one valid metaphorical expression. Repeated metaphors were merged, resulting in 32 distinct metaphors grouped into four conceptual categories. Frequencies indicate the number of participants who generated each metaphor

RESULTS

Participants generated 32 distinct metaphors related to OR nurses, which were grouped into four conceptual categories: team leader, supporter and assistant, family member, and patient advocate. The metaphors, frequencies, categories, and representative quotations are presented in Table 1. Participants' descriptive characteristics are shown in Table 2.

Team Leader

Surgical team members used metaphors such as "octopus," "pilot," "host," "coordinator," "multifunctional robot," "hidden manager," "queen bee," "backbone," "lifeblood," and "cornerstone" to describe OR nurses as team leaders (Table 1). These metaphors emphasized nurses' central role in coordinating workflow, managing processes, solving problems, and maintaining safety in the OR. Participants portrayed OR nurses as silent but influential leaders of the surgical process, reflected in statements such as; "I see each operating room nurse as a hidden manager… everything passes through them" (ORN13), "Operating room nurses are like the backbone of the hospital" (ORN8), and "the nurse is the cornerstone of the operating room; without them, there

Table 2. Demographic characteristics of the surgical team (n=69)

Demographic information	Group	n	Percentage (%)
Gender	Female	33	47.8
	Male	36	52.2
	Total	69	100.0
Age	29≤	11	16
	30-39	14	20
	40-49	28	41
	50≥	16	23
	Total	69	100.0
Experience (years)	1-5	9	13
	6-10	14	20
	11-15	9	13
	16-20	10	15
	21-25	10	15
	26-30	12	17
	31≥	5	7
	Total	69	100.0
Hospital type	Public	34	49
	University	21	30
	Private	14	21
	Total	69	100.0
Educational status	Associate's degree	7	10
	Bachelor's degree	37	54
	Postgraduate degree	25	36
	Total	69	100.0
Occupation	Operating room nurse	30	43
	Surgeon	26	38
	Anesthesiologist	4	6
	Technician	9	13
	Total	69	100.0

would be no operating room" (A1). The pilot and octopus metaphors further highlighted nurses' ability to coordinate multiple tasks simultaneously and ensure continuity throughout the surgical process (A4, S22). Overall, the team leader category reflects how OR nurses are perceived as central actors who ensure coordination, continuity, and safety in complex perioperative processes.

Supporter and Assistant

Surgical team members described an OR nurse's role as a supporter and assistant using metaphors such as "teammate," "surgeon's right-hand," "doctor's assistant," "strong supporter," "third hand," "swiss army knife," "co-pilot," "assistant," and "worker bee" (Table 1). Surgeons provided the highest number of metaphors in this category, indicating that they perceive nurses as contributing to the efficiency and success of the surgical procedure. Participants emphasized trust, complementarity, and practical support. One surgeon stated, "the nurse complements the surgeon" (S24), while another described the nurse as "my right-hand person, the person who directly affects my success" (S18). The Swiss army knife metaphor highlighted nurses' versatility (S25), whereas the co-pilot metaphor reflected their role in supporting surgical safety (S17). OR nurses were perceived as reliable, versatile, and indispensable team members, although their contributions may sometimes become visible primarily through supportive roles.

Family Member

The family member category included metaphors such as "mother," "sibling," "family member," "close friend," and "close relationship" (Table 1). Used by OR nurses, surgeons, and technicians, the mother metaphor emphasized the self-sacrificing, protective, unifying, and guiding role of OR nurses. Participants described the nurse as someone who "protects her team, brings the team together and tries to keep it united" (T5). One participant explained, "just as a mother ensures family unity, the nurse ensures the unity of the surgical team" (S26). Surgeons also described the OR as "a family environment" (S12) and referred to "a brother-sister relationship" (S3). These findings suggest that OR nurses are perceived not only through their clinical roles, but also through their contributions to trust, belonging, and team cohesion.

Patient Advocate

Metaphors such as "angel," "hidden hero," "protector," and "superhero" fell into the patient advocate category (Table 1). These metaphors emphasized nurses' roles in protecting patients' rights, privacy, dignity, safety, and best interests during the surgical process. The interviews highlighted the often-invisible but essential contributions of OR nurses. One participant stated, "When surgery takes place, people only know the doctor… The efforts of the team and the nurse remain invisible" (T3). Nurses emphasized "prioritizing the patient's interests in difficult situations" (ORN22), with one stating, "I am the patient's protector there… I protect their rights and privacy" (ORN29). These statements indicate that OR nurses are perceived as essential but sometimes invisible patient advocates within the surgical process.

DISCUSSION

This study examined surgical team members' perceptions of OR nurses through metaphors, which fall into four categories: team leader, supporter and assistant, family member, and patient advocate. OR nurses are perceived not merely as providers of technical support, but as multidimensional professionals who undertake leadership, team integration, emotional support, and patient advocacy roles. These perceptions are influenced by professional roles, hierarchical relationships, and cultural context.

The prominence of team leader metaphors indicates that surgical team members perceive OR nurses as central actors in coordinating complex perioperative processes. OR nurses play an important role in all stages of perioperative care, regulating team communication, ensuring workflow continuity, responding to changing clinical situations, and maintaining patient safety.[20] The findings suggest that nursing leadership emerges not through formal authority,

but through coordination, relational communication, process management, anticipation, and collaboration.[20,21] Team leader metaphors show how OR nurses perform a critical clinical leadership function in maintaining patient safety and team performance.[2,22]

The supporter and assistant metaphors indicate that, particularly among surgeons, OR nurses are perceived as reliable, complementary team members who facilitate the surgical process and support procedural efficiency. This finding is consistent with existing literature showing that OR nurses support mutual assistance, inclusiveness, and role coordination during the surgical process.[23] Although this category reflects a positive perception, it suggests that nurses' contributions may, in some cases, be viewed through supportive roles rather than leadership roles.

Although the categories of team leader and supporter and assistant appear related, the meanings attributed to the metaphors differentiate the categories. In metaphor analysis, categories are developed not only using the metaphor label, but also the underlying meaning, contextual explanation, and conceptual similarity.[24,25] In the context of this study, the "pilot" and "coordinator" metaphors emphasize process management and responsibility, whereas "co-pilot" and "right-hand person" highlight supportive, complementary functions. This distinction is consistent with literature descriptions of OR nurses as professionals who both coordinate team processes and provide practical support for safe intraoperative care.[20,21,26]

Interprofessional differences in perception are reflected through surgeons' descriptions of nurses in supportive and assistant roles, compared to nurses' and anesthesiologists' emphasis on leadership, advocacy, and professional responsibility. Physicians and nurses are known to differ in their perceptions of teamwork, communication, ethical competence, and professional values.[4,27,28] Additionally, hierarchical communication structures and power distance may influence interprofessional relationships and patient safety in surgical settings.[29,30] Surgeons' positioning of nurses as primarily supportive may be explained by role expectations and power relations within the OR team. Because overlap between leadership and support roles increases the risk of role ambiguity and role conflict, it is important to enhance the professional visibility of OR nurses and support competency-based shared leadership.[31]

The family member metaphor included perceptions of OR nurses as unifying figures who provide trust, belonging, protectiveness, and emotional support within the team. The metaphors "mother," "sibling," and "close friend" show that, in addition to technical processes, nurses contribute to team solidarity, trust, and a supportive team climate. This finding is consistent with studies showing that strong interpersonal relationships are associated with psychological safety, mutual respect, and collaboration.[1,2,27] Family member metaphors indicate recognition of the importance of nurses' relational work for team functioning and patient safety.[20]

Patient advocate metaphors emphasize the ethical and patient safety dimensions of OR nursing. Metaphors such as "hidden hero," "angel," "protector," and "superhero" point to nurses' roles in protecting patient safety, privacy, and dignity during the intraoperative process. Prior literature similarly emphasizes the unique role of nurses in protecting patient autonomy and safety.[20,21,26] Patient advocacy should be considered a fundamental clinical responsibility of perioperative safety systems.[30,32] However, while the "hidden hero" metaphor may be a positive expression of appreciation, it also reflects nurses' invisible work which may not be sufficiently recognized. Making these contributions visible is important for supporting professional commitment and professional identity.[6]

The predominance of positive metaphors in our study indicates that, despite challenging working conditions, OR nurses are perceived as professionals who support collaboration, team functioning, and patient safety. Because hierarchical cultures may limit team members' ability to speak up, psychological safety, trust, and respectful communication are essential for safe surgical care.[22,29] However, the limited number of negative metaphors in the study may be related to social desirability bias. Therefore, both the visible and invisible responsibilities of OR nurses within hierarchical team structures should be examined in greater detail.

Metaphors such as "leader," "protector," "hidden hero," and "patient advocate" indicate that OR nurses are perceived not merely as technical practitioners, but as professionals defined by their coordination, ethical responsibility, patient safety, and advocacy roles. The International Society for Professional Identity in Nursing associates professional identity with knowledge, values and ethics, leadership, and professional behavior.[33] A strong professional identity and sense of professional mission may reduce stress, burnout, and role confusion, while supporting motivation and professional commitment.[6,33] Prior studies have emphasized the contribution of OR nurses to interprofessional collaboration.[8,20,22,26] The metaphorical differences within the findings can be considered important indicators of how professional identity, role expectations, and interprofessional collaboration are shaped within the OR context.

The findings should be interpreted within the Turkish cultural context. Family member metaphors suggest that perceptions of OR nurses may be shaped not only by professional roles, but also by collectivist values, family-centered relationship patterns, and gender norms associated with care work. The high-power distance and collectivist tendencies in Turkish society may influence role perceptions and interprofessional relationships in hierarchical and team-based settings such as the OR. Metaphors such as "mother" and "protector" may reflect the historical association of nursing with women's labor and caregiving roles, as gender has been shown to shape role perceptions in the OR context.[34] The extent to which the findings can be generalized to other cultures should be evaluated through future studies conducted in different cultural and organizational contexts.

This study shows that OR nurses are perceived as multidimensional professionals who undertake simultaneous leadership, support, team integration, and patient advocacy roles. Increasing the visibility of these roles may strengthen professional recognition, interprofessional collaboration, and patient safety.

Strengths

The primary strength of this study is that it explores surgical team members' perceptions of OR nurses through metaphor analysis, revealing implicit professional meanings and role perceptions. The inclusion of different professional groups and hospital types provided a multidimensional perspective, while maximum variation sampling, direct quotations, researcher consensus, external expert review, and the COREQ checklist strengthened the credibility and trustworthiness of the findings.

Limitations

This study has several limitations. First, the study was conducted in a limited number of hospitals in the Western Mediterranean region of Turkiye, which may limit the transferability of the findings to different national and international contexts. Second, participation was not equal across professional groups; the limited number of anesthesiologists and technicians may have reduced the depth of interprofessional comparisons. Third, voluntary participation may have led to selection bias. In addition, although including OR nurses provided an important self-perception perspective, their responses may have been influenced by professional identity and social desirability. Similarly, the hierarchical dynamics of the OR environment may have contributed to the predominance of positive metaphors, as participants may have been reluctant to express negative perceptions. Finally, the findings should be interpreted within the specific cultural, professional, and organizational context of the study.

CONCLUSION

Surgical team members' perceptions of OR nurses reflect leadership, support, team integration, and patient advocacy roles. OR nurses are perceived not merely as technical team members, but as professionals who play important roles in coordinating the perioperative process, maintaining team communication, ensuring patient safety, and fulfilling ethical responsibilities. Differing perceptions across professional groups indicate that role expectations, hierarchical relationships, and the cultural context of the OR may influence the visibility of the nursing role. Therefore, it is important to make OR nurses' leadership and patient advocacy roles more visible, strengthen interprofessional collaboration, and support competency-based shared leadership approaches. Developing educational and team practices focused on communication, coordination, psychological safety, conflict management, ethical decision-making, and patient advocacy may contribute to safer, more collaborative, patient-centered perioperative care.

ETHICAL DECLARATIONS

Ethics Committee Approval

This study was approved by the Burdur Mehmet Akif Ersoy University Ethics Committee (Date: 06.03.2024, Decision No: GO 2024/117).

Informed Consent

Written informed consent was obtained from all individual participants prior to their inclusion in the study. Participants were fully informed about the study's aims, procedures, potential risks and benefits, and their rights-including the right to withdraw at any time without consequence. All participants voluntarily signed a written informed consent form.

Peer Review Process

This manuscript was subject to external peer review.

Conflict of Interest

The authors declare no conflicts of interest related to this study.

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Author Contributions

Concept: AU, FC; Design: AU, FC; Control: AU, FC; Data Collection and/or Processing: AU; Analysis and/or Interpretation: AU, FC; Literature Review: AU, FC; Writing the Article: AU, FC; Critical Review: AU, FC.

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