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EUROPEAN OPERATING ROOM NURSES ASSOCIATION

9th EORNA Congress

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"ON THE MOVE"

9th EORNA Congress

The Hague, The Netherlands

16 - 19 May 2019

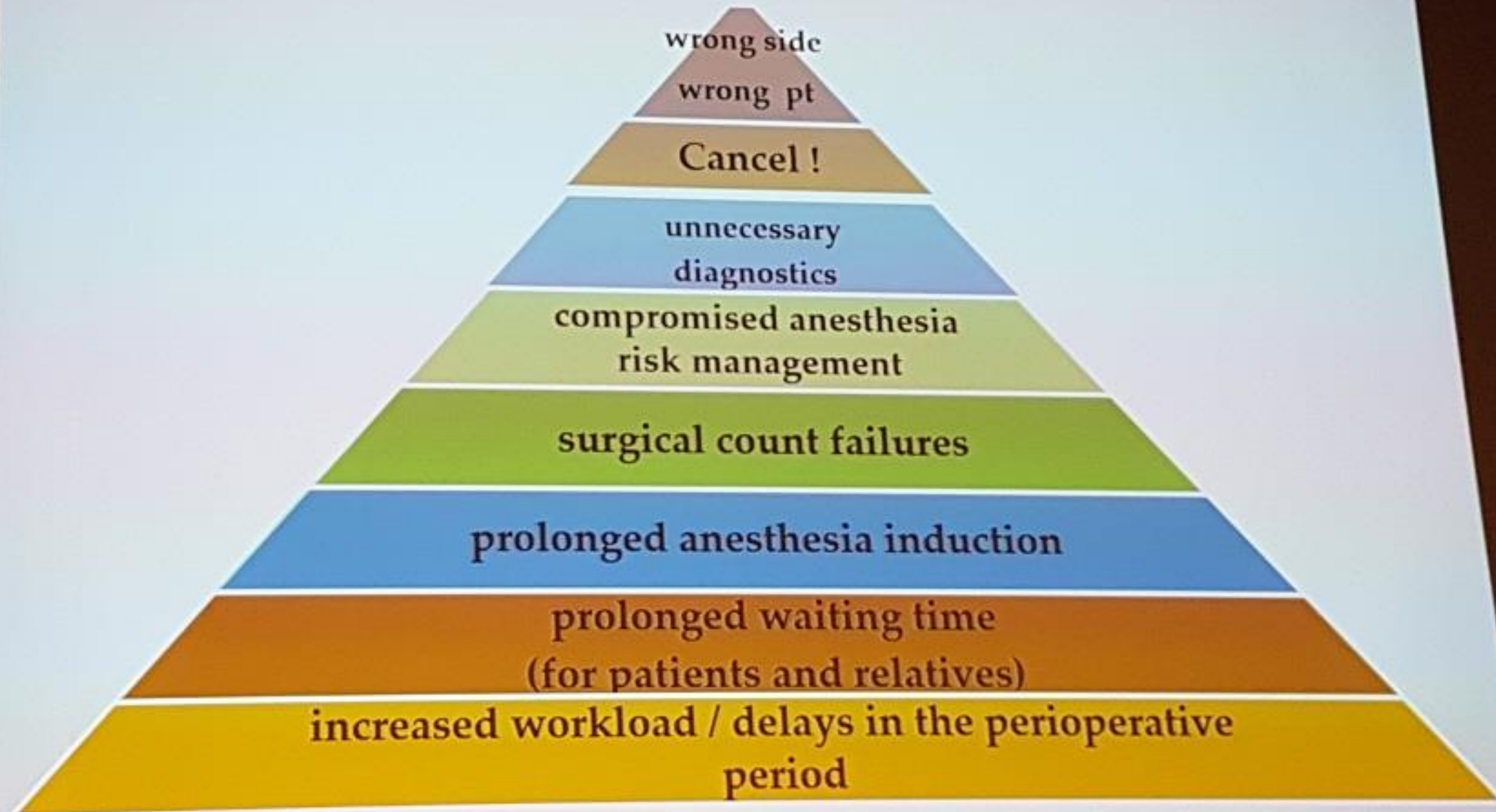
The Elephant in *"The Room"*;
Nurses' Views and Recommendations for Communication Failure in Perioperative Care

YEDİTEPE UNIVERSITY
FACULTY OF HEALTH SCIENCES

Işıl IŞIK , Oya GÜMÜŞKAYA, Sevim ŞEN, Hediye ARSLAN ÖZKAN

Communication Failures

- Responsible for half of unwanted events:



Safety Culture and Complications After Bariatric Surgery

Article *in* Annals of surgery 257(2) · October 2012
DOI: 10.1097/SLA.0b013e31826c0085 · Source: PubMed

To Err is Human

Building a Safer Health System

Institute of Medicine (US) Committee on Quality of Health Care in America; Editors: Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson.
Washington (DC): National Academies Press (US); 2000.
PMID: 260

crico | Protecting Providers. Promoting Safety.

Surgery. 2015 Aug; 158(2): 515–521.
Published online 2015 May 29. doi: 10.1016/j.surg.2015.03.053

Surgical Never Events and Contributing Human Factors

Cornelius A. Thiels, D.O.,[1] Tarun Mohan Lal, M.S.,[2] Joseph M. Nienow, MBA,[3] Kalyan S. Pasupathy, Ph.D.,

A systematic quantitative assessment of risks associated with poor communication in surgical care.

Nagpal K[1], Vats A, Ahmed K, Smith AB, Sevdalis N, Jonannsson H, Vincent C, Moorthy K.

- obstacles for workflows of surgeons, anesthetists and nurses [9].
- employee participation in decision-making processes,
- morale,
- productivity and
- the permanence in the institution/profession [10,11].

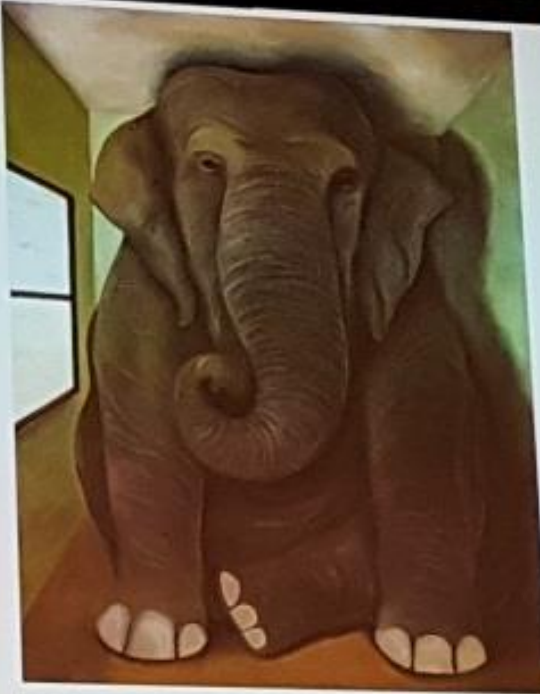
DISCUSSION

Oxford: "The imparting or exchanging of information by speaking, writing, or using some other medium."

- According to their definitions; **communication and failure should not co-exist** in perioperative care as the misinformation or un-exchanged information will certainly cost the receiver and the provider of care.

Turkish Health System and Nursing

- **Nursing education in Turkey varies from high school level to doctorate.** Until 2016, the vocational high school graduates obtained a status that is equal to a graduate level of nursing education, against comments and protests from many nursing leaders and academics'.
- Public and private health care settings dramatically differ in regards to work environment and culture.
- In private sectors .....
- physicians being perceived as the leaders and/or decision makers of care...
- full time work being 45 hours per week in Turkey, nurses in specific areas such as operating rooms may reach up to 55. Understaffing .....
- **Consequently most Turkish perioperative nurses do not work in a suitable work environment.**



Aim and Design

Communication based malpractice emphasizes its' significance in terms of patient safety in the multidisciplinary and busy environment of perioperative care [8,10,24,25].

Aim: to determine the nurses' view and **recommendations** on perioperative communication failure in this study.

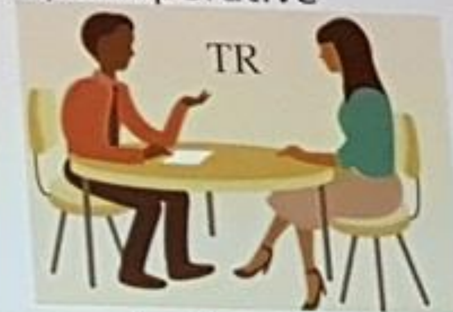
Design: Colazzi's phenomenological exploratory method described by nurse researchers

Image: https://stevenlylejordan.blog/elephant-in-the-room-audialtempartem/

Method

Population : the study hospital for its *JCI* recognition in order to minimize international differences

Sample (purposeful): 14 nurses with at least 2 years of perioperative experience.



Data Collection

- ethical approval
- participant consents
- confidentiality: only the researchers could have access to the records, identities etc.
- Two moderators; one on one; 40 (35-55) minutes
- semi-structured interview form
- July -August 2017
- manually transcript the voice-recordings

Participants

No	Education	Gender	Age	Experience(years)
1.	Post graduate	Female	32	10
1.	Post graduate	Female	42	20
1.	Vocational high school	Female	32	10
1.	Vocational high school	Female	36	17
1.	Post graduate	Female	42	18
1.	Post graduate	Female	45	22
1.	Bachelor	Female	24	6
1.	Post graduate	Female	36	13
1.	Post graduate	Female	36	17
1.	Post graduate	Female	39	15
1.	Post graduate	Female	38	15
1.	Bachelor	Female	36	14
1.	Vocational high school	Female	36	16
1.	Post graduate	Female	32	10

Results

A. PERIOPERATIVE COMMUNICATION FAILURES AND THEIR ORIGINS

1. *Institutional factors*
   - *incompliance with policy/procedures*
   - *misunderstanding of nurses' interdisciplinary coordination roles by physicians*
   - *inadequate time for preoperative patient preparation*
   - *lack of personnel, lack of motivation and excessive workload*
2. *Individual factors*
   - *disruptive behavior and anger management issues of physicians*
   - *inappropriate team dynamics*
3. *Factors specific to the surgical field*
   - *the rapid and dynamic structure*

Results...

B. CONSEQUENCES OF COMMUNICATION FAILURES

1. Consequences for health professionals
- Intra-team violence
- Leave of work
- Avoidance

2. Consequences for health care receivers
- Reduction of patient satisfaction
- Risked patient safety

C. SUGGESTIONS FOR PREVENTION

1. Institutional regulations
- *clarification of job descriptions*
- *enforcing policy/procedures*.

2. Empowerment of employees
- *regular meetings of all employees*
- *the creation of a team spirit*

A. PERIOPERATIVE COMMUNICATION FAILURES AND THEIR ORIGINS

1. Institutional factors

Incompliance with policy/procedures

- *«'meningioma patient's (blood) results'. ... There are several meningioma patients in the ward...*
- *«....for the operating room; 'Is the second neurosurgery ready?' they ask. It is not clear which patient...»*
- *"... since the patient cannot go to surgery without signing their consent, the nurse is pressured to get it signed... If you refuse, someone else in your team will do it...so..."* (P.14)

A. PERIOPERATIVE COMMUNICATION FAILURES AND THEIR ORIGINS

1. *Institutional factors*

Misunderstanding of nurses' interdisciplinary coordination roles

«They do not change their written order, then it is applied (to patient) as written, then they turn around and say 'we told you at the visit!!»

The Catalyst Leader

- Asks and listens
- Fosters innovation
- Provides balanced feedback
- Builds trust
- Focuses on people's potential
- Collaborates and networks
- Empowers others
- Encourages development
- Energizes and mobilizes
- Aligns actions with strategy

- Procedures in health care institutions determine the scope of employees, so that the confusion, chaos and individual differences were avoided [26,27].
- tasks that are not in their job descriptions
- The interdisciplinary coordination role of nurses is mostly misunderstood as a "catalyst";
- expected to anticipate and implement the solutions [28,29].

A. PERIOPERATIVE COMMUNICATION FAILURES AND THEIR ORIGINS

1. *Institutional factors*

Inadequate time for preoperative patient preparation

- Additionally, lack of personnel, lack of motivation and excessive workload have been shown as barriers to communication.

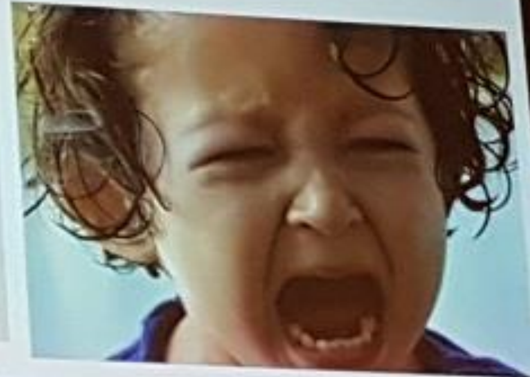
- *«...the 9 am case arrives at 8.30 am... nothing would have been done yet (preparation)...»*
- *«There were people who smoked a cigarette just a minute ago and came for the surgery that morning...»*

- Apker29 et al.'s (2007) determined that inadequate staffing caused setbacks in verbal communication which threatened patient safety 29 .
- It is repeatedly pointed out in the literature that staffing deficits and workload pose a risk to patient safety and are generally examined under systemic problems 30.

A. PERIOPERATIVE COMMUNICATION FAILURES AND THEIR ORIGINS

2. Individual factors

Disruptive behavior and anger management issues of physicians



https://childmind.org/article/angry-kids-dealing-with-explosive-behavior/

- "The patient learns something from the internet ... He (surgeon) starts screaming at the nurse; '*Why did you give him this information?*'.» (P.10)
- "....surgeons are always in a hurry.. They want everything urgently... Perioperative nursing requires patience..." (P.8)
- «..., then something goes wrong, we cannot send the patient, we cannot inform the OR either... that causes delay in the theatre....the situation would be managed... but it is not always possible when there is stress." (P.3)»

A. PERIOPERATIVE COMMUNICATION FAILURES AND THEIR ORIGINS

2. Individual factors

Inappropriate team dynamics

- "... A subordinate relationship is absolutely expected. They have a perception that '*They are my inferior, if I pay respect to them they will be spoiled'*...» (P.13)
- "It is because physicians still see us as helpers, not as co-workers.." (P.8)
- "Because the surgeon is like a "captain" in the operating room, the responsibility is on them, so tension exist." (P.1)
- «the responsibility of the patient, can reflect on the team. They will be accountable primarily. Of course we will be too, but their burden is heavier"» (P.5)

The Ugly Duckling & the Duck Family by Cesar Kobashikawa

- insignificant and belittled [33].
- physicians' disdain.
- The perceived influential difference → illusion of superiority
- The inferior →not given the autonomy to ask questions or comment o

- 1967, Stein[34] mentioned that there is a conditional and hierarchical relationship between doctors and nurses, defined as "doctor nurse play; doctors "governed" the play,
- After 23 years Stein[33] et al. (1990) the absolute and unsteady power of the "doctor" perception could be erroneous,→and the public reduced the unconditional respect , nurses unilaterally stopped playing games
- "willing supplicant" replaced by "stubborn rebel".

- Fagin: (1992) barriers to physician-nurse cooperation; **the level of education, jurisdiction, dissatisfaction of nurses, gender stereotypes, social class, and *hands on versus intellectual* activities.**

- **14 more years..** Makaray[35] et al. (2006) determined that the surgeons perceived teamwork in the operating room more positively than nurses.

- Mills [36] et al. (2008) examined the communication ➔ surgeons were distinct compared to the rest of the team members.

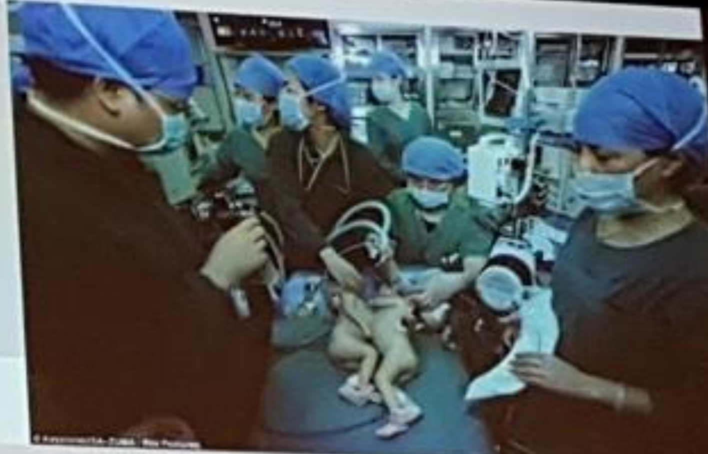
- Defontes and Surbida [37] (2004), physicians perceived the workplace more positively

- Increasing communication enables collaboration; this includes a combination of skills and attitudes [31]. It is suggested that the participants' concern regarding hierarchy and recommendations in our study should be taken into account in order to overcome the barriers for communication and collaboration of team members.

A. PERIOPERATIVE COMMUNICATION FAILURES AND THEIR ORIGINS

3. Factors specific to the surgical field

the rapid and dynamic structure



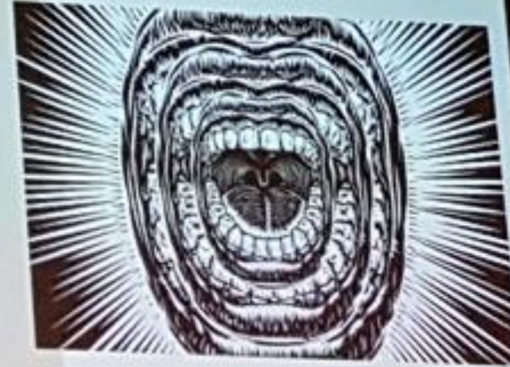
- *"Surgical wards are like that, and the theatre ... perioperative care is something very distinct, like you are feeding on stress. " (P.5)*
- *"Why is it stressful?, because ultimately one of the most critical areas is the operating room... you should be prepared for any possible situation"(P.11)*

standing long time, working in an enclosed and noisy environment, radiation, shift work, after hours for emergency/prolonged operations, delayed breaks

- McMullan31 stated (2015) interruption by other team members, questions irrelevant to the subject, and noise
- Cvetic11(2011) rapid and dynamic structure.
- Nagpal 5 et al. (2010) stressful work environment and inadequate support lead to frequent turnover
- Clayton 15 (2016) stressful, technically complex and held an intense hierarchy.
- Davies 32 (2005) culture in perioperative care.
- Clayton15 (2016) **effective listening, clear and understandable speaking, and respect**.
- **all team members** should be aware and collaborate in the culture of effective communication

B. CONSEQUENCES OF COMMUNICATION FAILURES

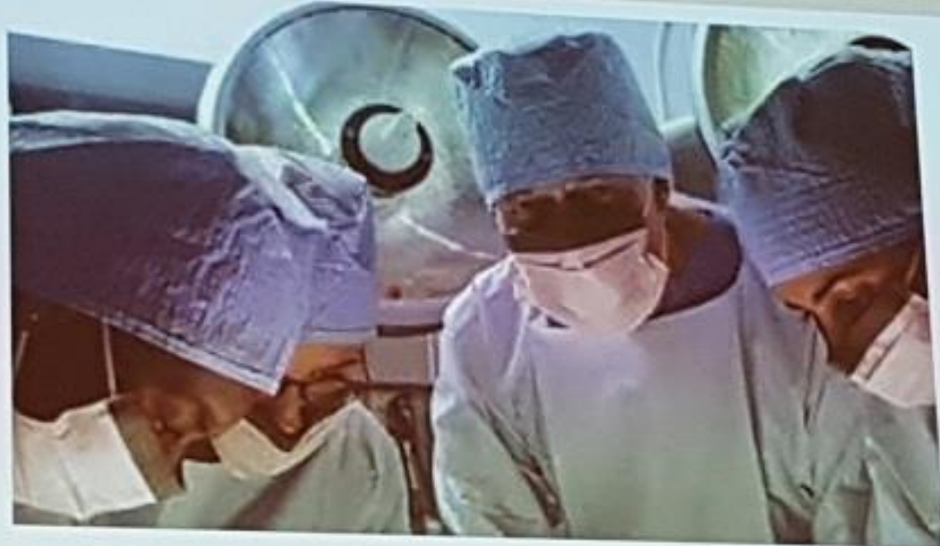
1. Consequences for health professionals



Intra-team violence

- "My name is not '*Sementa**', but he calls me and all other operating room nurses '*Sementa*'. ...because learning my name means knowing me.» (P.4)
- "..in the operation... Speaking out loud without referring anyone... for example swearing without directing ... it is not directed to you, but he is swearing at someone in the room..." (P.5)
- In fact, he was not upset with anyone particular.. He was just upset in his own way that the patient's hemodynamics were not getting better. He threw the forceps. " (P.3)

B. CONSEQUENCES OF COMMUNICATION FAILURES
1. Consequences for health professionals
Intra-team violence



https://apps.who.int/iris/bitstream/handle/10665/44185/9789241598552_eng.pdf;jsessionid=F0E7A3A4EA91BF5798FBA751818FEA3B?sequence=1

- Nestel and Kidd[18] (2006) have found similar results in their qualitative research with perioperative nurses; at least four times a year "surgical instruments were flying over their head".

B. CONSEQUENCES OF COMMUNICATION FAILURES

1. Consequences for health professionals

Leave of work & Avoidance

- "when you experience such misery… you start to seek different directions.. That is how, we lose our staff…"(P.8)
- "that is usually how it is… people who have problems with either physicians or colleagues, usually end up resigning. They think …there is ….no reason to stay." (P.14)
- *«'I do not want to take this patient to the theatre, because he will be there'»*
- *«'I do not want to transfer her patient'»*

B. CONSEQUENCES OF COMMUNICATION FAILURES

1. Consequences for health professionals

Leave of work & Avoidance

- The key players in communication were reported as being **kind and respectful** by participants.
- turnover,
- productivity,
- decision making,
- morale, and team spirit[11] .

B. CONSEQUENCES OF COMMUNICATION FAILURES

2. Consequences for health care receivers

Reduction of patient satisfaction

- "If the patient is not satisfied, it will cost the hospital... automatically the performance of the nurse's and the physician's will fall too." (P.8)
- "Communication failure can destroy the success of the operation, can destroy the quality of care..." (P.3)

***No nxiety assessment, no pyschological support, no time for information...

B. CONSEQUENCES OF COMMUNICATION FAILURES

2. Consequences for health care receivers

Risked patient safety

- "...people have forgotten a tool for one minute of carelessness... about a tiny confusion in communication..." (P.4)
- "... Something as simple as '*we misunderstood each other*' might have a very severe outcome for a patient" (P.10)
- "There were two patients called *Sarah** on the ward. One was going to have an orthopedic operation, and the other came for an eye operation. ...Just the first names were the same... they had rushed down the woman waiting for the eye surgery to the orthopedic table..." (P.6)

C. SUGGESTIONS FOR PREVENTION

1. Institutional regulations

clarification of job descriptions

enforcing policy/procedures.

- "Responsibilities are not clear. Guidelines for multidisciplinary approach should be available, where the professions are overlapping, who makes the decisions there, how they become clear...» (P.10)

C. SUGGESTIONS FOR PREVENTION

2. Empowerment of employees

Regular meetings <u>of all employees</u>

- «Patient safety is a bit of culture... If a few people in a group are very concerned/attentive about, the rest of the group starts to care more."(P.4)
- "This is a team. If a team works well, the results are also good" (P.11)
- "It's hard to train adult people ...make it more effective, more fun ... giving the message of... *the integrity*.." (P.3)
- "If you are going to give communication training, you have to give it to the whole team.... we will all have a joint game together" (P.6)
- "the doctors never receive these trainings.." (P.7)

C. SUGGESTIONS FOR PREVENTION

2. Empowerment of employees

Creation of a team spirit

- "..A picnic, or a tea party ... with the whole team from top to bottom.. People feel cared for.. People hold on to their job more tightly ...

- Mills36 et al. (2007) conducted a "medical team training" in their study with 300 perioperative team → improving communication and collaboration
- Çelen41 et al. (2007), 91% →in-service training should be planned to develop skills for team work, and 92% → trainings to create a team spirit and a cooperative working environment 41.
- Strengthening communication →increase team members' compliance and reducing hospital costs 11.
- Karaçor and Şahin42 (2004) → managers, physicians and nurses →major contradiction in results regarding communication.

CONCLUSION

Overall, the nurses incontrovertibly pointed out to the risks and predisposing factors of perioperative communication failure and made precise suggestions. It has become clear that **institutional arrangements and compliance are crucial, such as standardization of perioperative care and procedures, use of checklists in communication processes, and strengthening of health care workers for individual communication barriers**.

RECOMMENDATIONS

Implications for Perioperative Practice

- Declaring clear job descriptions
- planning of work-flows
- organizing the flow to allow adequate time for immediate preoperative preparation
- employees' self reflection of their practice can be suggested.

RECOMMENDATIONS…

Implications for Perioperative Education

- problem solving
- decision making
- crisis management
- anger management and time management.

ANGER MANAGEMENT

7 Steps to Freedom from Anger, Stress and Anxiety

ANGER MANAGEMENT

EMOTIONAL INTELLIGENCE

COGNITIVE BEHAVIORAL THERAPY

RECOMMENDATIONS...

Implications for Perioperative Management

- clear job descriptions
- planned work-flows,
- **enforcing these regulations,**
- holding regular meetings
- positive organizational climate, organizing social events,
- encouraging participation by all team members
- increasing employee satisfaction
- measure patient satisfaction is also recommended.

RECOMMENDATIONS…

Future research

Various perioperative communication scales were studied in the literature[43,44]. However, these tools should be evaluated in consideration with national and organizational differences.

Institutions and perioperative nurses should determine **appropriate tools for communication evaluation, and measure the effectiveness of the implications suggested in the study.**

Additionally, there have been **contradiction among team members** regarding the issue in the literature, so that other team members' perception should be examined with a similar design.

THANK YOU!