

Question:

Why is communication important in the operating room?

Summary:

In an operating room setting a variety of situations can occur and in result conflict can emerge. "A total of 340 tense communication episodes were observed (= 0.57 per hour); mean tensions in surgeries with tensions was 1.21 per hour. Individual surgeons accounted for 24% of the variation in tensions, while situational aspects accounted for 76% of variation. A total of 72% of tensions were triggered by coordination problems; 21.2% by task-related problems and 9.1% by other issues." The operating room consist of several individuals who all have different task to complete. The individuals in the operating room setting do not all hold the same credentials or the same training, therefore, miscommunication or misunderstandings can easily occur. "Tense communication can elicit negative emotions, which may decrease attentional resources [24], shift the attention to the perpetrator [25], and thereby hamper individual performance in the OR [26]. Tensions have negative effects for the OR team [9]. After tense episodes, team members minimize communication [27,28] and prosocial behavior [28]; and even mild display of negative emotions can impair speaking up [29,30]. In addition, tensions may impair team learning [31]. Thus, tensions most likely have a negative impact on the quality of collaboration within surgical teams." If a conflict arises while in the operating room the patient's safety can become a concern. In one room there can be the surgeon, surgical techs, anesthetists, the circulating nurse, and more if x-rays are needed or special tools are going to be used. Every person has a different personality, and it is normal for some personalities not to get along with others, however, teamwork is a huge key factor in the operating room. Whether you are the circulator, the surgeon, the surgical tech, or the anesthetists all individuals need each other to accomplish the wanted task. A studied was conducted to evaluate the effect of tension in surgeries. "A total of 137 surgeries were observed in the department of general surgery of two European University hospitals (86 in hospital 1, 51 in hospital 2, [Table 1](#)). Mean duration between incision and closure was 3.67h (SD = 2.21), with no significant differences between the two hospitals ($M_{\text{hospital 1}} = 3.74\text{h}$, $SD = 2.43$; $M_{\text{hospital 2}} = 3.55\text{h}$, $SD = 1.89$; $t = 0.491$, $P = 0.624$). The surgeries were led by 30 different main surgeons (Hospital 1: 17 Hospital 2: 13); per surgeon, between 1 and 17 surgeries were observed." Tension was observed in several surgeries and some surgeries were tension-free. Some of the results relating to tension within a surgery were caused by task-related triggers such as disagreement about the procedure, problems related to the procedure, work organization, delays, and noise or distractors. Furthermore, coordination-related triggers were caused by collaboration difficulties, inept actions of others, and perceived lack of competence. Other triggers could be the result of something not related to the current case, or interpersonal dislike.

Conclusion:

In conclusion. communication is very important because if a trigger is pulled tension arises and conflict occurs. After reading the research conducted related to how tension can arise in the operating room it is important to know a variety of things need to be considered of how to provide a smooth surgery in the operating room and avoid interpersonal conflict. If there is a

disagreement over anything in the operating room, it should be discussed in a respectful manner. If the conflict originates from disagreeing on the procedure, then a time-out can be conducted to address the issue. Multiple people must agree to the time out for the surgery to be performed, therefore, if the disagreement is communicated then the issue can be resolved. “Furthermore, systematic team reflection on “objectives, strategies, goals, processes and outcomes” [70] could be used as a tool for improving coordination; one of its advantages is that it can be done within very short time frames [71].” Overall, communication should be used to decrease interpersonal conflict within the operating room and to avoid situational triggers which can result in conflict.

Worked Cited:

Primary Article

Keller S, Tschan F, Semmer NK, Timm-Holzer E, Zimmermann J, et al. (2019) “Disruptive behavior” in the operating room: A prospective observational study of triggers and effects of tense communication episodes in surgical teams. PLOS ONE 14(12): e0226437. <https://doi.org/10.1371/journal.pone.0226437>

Secondary Article

Jones LK, Jennings BM, Higgins MK, de Waal FBM (2018) Ethological observations of social behavior in the operating room. Proc Natl Acad Sci U S A 115: 7575–7580. pmid:29967170

Tertiary Article

Rosenstein AH, O'Daniel M (2006) Impact and implications of disruptive behavior in the perioperative arena. Journal of the American College of Surgeons 203: 96–105. pmid:16798492