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Evaluation of the communication skills of operating room staff

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ABSTRACT

Purpose: The purpose of this study was to evaluate operating room staff communication skills. *Methods:* The Communication Skills Assessment Scale and staff information form were used to collect data. The sample group included 179 staff: 62 nurses (34.6%), 73 surgeons (40.8%), and 44 anaesthetists (24.6%).

Results: Staff that are 51 years or older, have 21 years or more job experience and working years in the current unit, and nurses' communication skills scores are statistically high (p < 0.05). The nurses' communication skills score was higher than the scores of anaesthetists and surgeons. The communication skills score increased with age, job experience and working years in the same unit.

Conclusion: The results provide direction on how leaders can improve communication between OR staff. In order to evaluate the communication skills of OR staff more concretely it is suggested that the results of studies which were carried out in this subject at different hospitals are increased.

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1. Introduction

ORs are a high-risk environment that relies on multidisciplinary teams and being a good OR staff member is about being a team player. Communication between nurses, surgeons and anaesthetists is very important for effective and safe care in $ORs.^{1-3}$ Failures in communication between healthcare staff are one of the most important factors that cause incidents and threaten patient safety during surgery.^{4–6} Medical errors in surgery occur because of deficiencies amongst staff such as poor communication rather than technical abilities.^{7–11} Improving communication amongst staff is an important consideration in the 2016 National Patient Safety Goals published by the Joint Commission. 12 Good communication is a vital element of health care quality, patient safety, and patient and staff satisfaction. 1,3,13 Studies on communication were mostly limited to reports on attitudes of health professional students.¹⁴ This research is important in terms of contributing limited literature to the determination of the communication levels of health professionals.

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2. Methods

2.1. Background and study design

The communication abilities of health care staff needs to be measured to improve the communication abilities of healthcare staff in order to improve healthcare quality, patient safety and patient and staff satisfaction. This study has been carried out in order to evaluate the communication abilities of OR staff including nurses, surgeons and anaesthetists. This was a descriptive study to evaluate communication abilities of OR staff including nurses, surgeons and anaesthetists. 4 hospitals from western part of Turkey were selected on the basis of their institutional status (1 public, 2 private, and 1 university hospital). The total number of OR staff employed in the 4 hospitals was 300. The sample population included 179 OR staff with a 95% confidence interval and a $\pm 5\%$ sampling error. %25.1 (n = 45) of participants came from a university hospital, %60.3 (n = 108) came from a state hospital, %14.5 (n = 26) came from private hospitals.

2.2. The instruments

The Communication Skills Assessment Scale (CSAS): It is a 5 point likert scale developed by Korkut, ¹⁵ graduated from 'always' to 'never', for understanding how individuals evaluate communication skills. The self-reported scale consists of 25 items in which staff evaluate their own communication skills. The highest score reflects

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that individuals evaluate communication skills in a positive way. The Cronbach Alpha for the CSAS was 0.80. The reliability coefficient was found 0.69 (p < 0.001) in the study conducted with adults. 15,16

The Staff Information Form: It consists of questions such as the OR staff's gender, age, job role, years of job experience, and weekly working hours.

2.3. Data collection

Data was collected from April to May 2015. The authors visited the hospitals and collected data. Staff who chose to participate in the study were asked to complete surveys. 179 completed surveys were collected by the authors.

2.4. Data analysis

The collected data was analysed using SPSS 18.0. Descriptive statistics using frequencies, percentages, means and standard deviation, and also the Kolmogorov-Smirnov test to check the normality of the distribution were used. The Kruskal Wallis Test was used to compare groups, and the Mann-Whitney U Test was used to determine causes for differences among groups. Results were evaluated with a 95% confidence interval and a p < 0.05 significance level.

2.5. Ethical considerations

Written permission from hospitals and informed consent from each of the participants were obtained for the research. The study was approved by the Ethical Committee of Namık Kemal University Medical Faculty, No:2015/35/03/06.

3. Results

The majority of participants were in the 31–40 age range (44.1%) and women (57%). The maximum percentage for job experience in years (33%) of OR staff was 1–5 years. 64.2% of participants worked more than 40 h a week, and 34.6% of participants were nurses, 40.8% were surgeons, and 24.6% were anaesthetists (Table 1).

The communication skills score average of OR staff was 76.35 ± 15.331 out of 100. The nurses', anaesthetists', and surgeons'

Table 1 Characteristics of the study population (n = 179).

	Frequency (n)	Percentage (%)
Age (Years)		
18-30	65	36.3
31-40	79	44.1
41-50	25	14.0
51 and upper	10	5.6
Gender		
Female	102	57.0
Male	77	43.0
Job experience (years)		
1-5	59	33.0
6-10	47	26.3
11-20	45	25.1
21 and upper	28	15.6
Working hours in a weel	C	
40	64	35.8
More than 40	115	64.2
Job role		
Nurse	62	34.6
Surgeon	73	40.8
Anaesthesist	44	24.6
Total	179	100.0

communication skills score were 79.56 ± 15.331 , 70.98 ± 17.055 , and 76.86 ± 9.884 , respectively. Nurses' communication skills score was significantly higher than the anaesthetists' communication skills score (p < 0.05). The nurses' communication skills score was also higher than the surgeons' score, but there was no statistical difference between them (Table 2).

The communication skills score of staff whose job experience amounted to between 11 and 20 years (81.42 ± 12.544) was higher than the score of staff who had 1-5 or 6–10 years (respectively; 72.54 ± 13.368 ; 73.66 ± 17.158) of job experience (p < 0.05), and the communication skills score of staff with 21 years or more job experience (80.75 ± 8.784) was higher than the scores of staff whose job experience was between 1 and 5 years (72.54 ± 13.368) (p < 0.05) (Table 2).

The communication skills score of staff aged 51 years and older (86.400 \pm 5.337) was significantly higher than the communication score of staff aged between 18 and 30, 31–40,41-50 (respectively; 72.520 \pm 16.163; 78.390 \pm 13.160; 75.840 \pm 11.227) (p < 0.05) (Table 2).

4. Discussion

A coordinated team with good communication skills yields a more humanised care and avoids high risk situations for the patient.³ In this study the communication skills score of the OR staff evaluated was above average (76.350 \pm 15.331). Similar findings resulted in healthcare staff assuming that they had good communication in Siamian et al.'s, and Zhu et al.'s studies, 17,18 however, communication problems were the most frequent root cause for adverse events and near misses.^{2,19,20} This suggests that healthcare staff have a deficiency of awareness about communication. In addition, previous studies reported discrepancies amongst healthcare staff with regard to their perception of communication levels; surgeons have a generally positive perception of communication, while nurses have a negative perception. 1,8,21-24 Nurses reported higher levels of communication skills than anaesthetists and surgeons similar to Wheelock et al.'s study.²⁵ This finding may result from nursing education focussing on non-technical skills, like communication, more than physician education.

The communication skills score increased with increasing job experience, and age (p < 0.05). An increased communication skills score with increasing job experience was parallel to Tschannen & Lee's study. 26 It is an interesting finding that after 11 years of experience, communication is rated higher by what seems to be a significant margin. This suggests that after 11 years experience, communication skills are fundamentally improved. This can be taken into consideration for further studies. Our finding about the

Table 2 Communication scores by age, job experience and job role (n = 179).

	N	Average	Standard deviation	KW	Significance (p)
Age (Years)					
18-30	65	75.52	16.163	11.783	0.008
31-40	79	73.89	13.160		
41-50	25	75.84	11.227		
51 and upper	10	86.4	5.337		
Job experience (years)					
1-5	59	72.54	13.368	14.544	0.002
6-10	47	73.66	17.158		
11-20	45	81.42	12.544		
21 and upper	28	80.75	8.784		
Job role					
Nurse	62	79.56	15.331	7.644	0.022
Surgeon	73	76.86	9.884		
Anaesthesist	44	70.98	17.055		

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