

Back to Basics: Speak Up

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Purpose/Goal

To provide the learner with knowledge of best practices related to speaking up in the OR to prevent mistakes and patient harm.

Objectives

1. Discuss common areas of concern that relate to perioperative best practices.
2. Discuss best practices that could enhance safety in the perioperative area.
3. Describe implementation of evidence-based practice in relation to perioperative nursing care.

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Dr Spruce has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

Being able to identify problems and bring them to the attention of OR team colleagues is crucial for the safety of both patients and perioperative team members; however, being able to do this means being comfortable with speaking up under circumstances that may be difficult. Disruptive or intimidating coworker behavior also makes speaking up difficult, but it is important to address in the interest of providing safe, effective care to patients. To remedy this, health care workers should create awareness of the problem and motivate others to take action; establish a culture of respect; set expectations to help eliminate disrespectful behavior; and create a learning environment that eliminates hierarchical structures, fosters professionalism, demonstrates respect, and enforces a zero tolerance policy. *AORN J* 99 (March 2014) 408-412. © AORN, Inc, 2014. <http://dx.doi.org/10.1016/j.aorn.2013.10.020>

Key words: speak up, disruptive behavior, culture of respect, culture of safety, hierarchical structures, zero tolerance.

As a new nurse in the OR, Jill found it to be an exciting and rewarding place to work. She had a fantastic orientation and a great preceptor. She was given plenty of time to learn and feel confident in her new role. Then she met Dr Cook. Dr Cook was a gynecologic surgeon with a reputation for being hard on the staff and impatient with anyone new. She treated Jill with indifference when she was in orientation, and Jill's preceptor told her to avoid Dr Cook at all costs. She was able to do that for a while, but eventually she had to circulate a case for Dr Cook. Jill was a great perioperative nurse and had no difficulty with the technical aspects of the job, but as she was entering information into the electronic medical record during the procedure, she noticed that as Dr Cook reached up to adjust the light she contaminated her glove (Figure 1). Jill was paralyzed with fear, afraid to speak up and tell Dr Cook that she had made a

mistake. No matter what Jill said to herself, she could not find the courage to speak. Jill was so upset that she did not speak up that it made her seriously question her ability to be a perioperative nurse.

SPEAK UP

The type of scenario between Jill and Dr Cook is not uncommon, but it is important to address in the interest of providing safe, effective care to patients. "Intimidating and disruptive behaviors" in the health care setting that prevent nurses and others from speaking up can lead to medical errors and adverse effects for patients, as well as increase the cost of care and lead to low patient satisfaction scores.¹ Another effect of allowing this type of behavior to continue is that personnel will look for jobs in other facilities. "To assure quality and to promote a culture of safety, health care

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