

A Communication Training Program to Encourage Speaking-Up Behavior in Surgical Oncology

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ABSTRACT

Patient safety in the OR depends on effective communication. We developed and tested a communication training program for surgical oncology staff members to increase communication about patient safety concerns. In phase one, 34 staff members participated in focus groups to identify and rank factors that affect speaking-up behavior. We compiled ranked items into thematic categories that included role relations and hierarchy, staff rapport, perceived competence, perceived efficacy of speaking up, staff personality, fear of retaliation, institutional regulations, and time pressure. We then developed a communication training program that 42 participants completed during phase two. Participants offered favorable ratings of the usefulness and perceived effect of the training. Participants reported significant improvement in communicating patient safety concerns ($t_{40} = -2.76$, $P = .009$, $d = 0.48$). Findings offer insight into communication challenges experienced by surgical oncology staff members and suggest that our training demonstrates the potential to improve team communication. *AORN J* 106 (October 2017) 295-305. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2017.08.003>

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In the seminal report, *To Err is Human: Building a Safer Health System*, the Institute of Medicine estimated that between 44,000 and 98,000 patients die in hospitals each year from preventable errors.¹ Recent statistics are even more alarming, suggesting that the number of premature deaths associated with preventable harm may exceed 400,000 patients per year and that nonlethal harm may be 10 to 20 times more common.²

Communication failures are among the most substantial contributors to medical errors, including surgical errors and complications. Communication breakdowns in the OR can

result in retained foreign objects, wrong-site procedures, and postoperative adverse events,³⁻⁵ all of which carry serious implications for patient morbidity and mortality and increased costs.^{2,6-8} A particularly salient problem for effective team communication and patient safety in the OR relates to barriers to speaking up (ie, expressing concerns and asking questions) when patient safety issues become apparent.

STATEMENT OF PURPOSE

Research examining interprofessional collaboration (IPC) in the surgical oncology setting is lacking. No empirical studies

have identified factors that affect surgical oncology staff members' speaking-up behavior. Moreover, team communication trainings that aim to increase speaking-up behavior and to create a receptive environment (sometimes called a *speaking-up climate*)⁹ have not been developed or tested in surgical oncology. A lack of IPC research and training specific to surgical oncology is problematic because surgical oncology procedures tend to be longer and often include staff members from multiple specialties as compared with general surgery. These issues add to the complexity of the communication among OR team members and may contribute to a greater risk of communication breakdowns, errors, and patient harm.

The purpose of the current study was twofold. First, we sought to identify factors that influence surgical oncology staff members' speaking-up behavior. Second, we aimed to develop and test a communication training program for surgical oncology teams to increase speaking-up behavior and improve communication about patient safety in the OR.

RESEARCH QUESTIONS

Our research questions were as follows:

- What factors affect speaking-up behavior during surgical oncology procedures?
- Does our communication training demonstrate sufficient levels of participant acceptability (ie, the perceived effect of the training program and the usefulness of individual training components)?
- Does our communication training improve participants' self-efficacy and behavior in communicating patient safety concerns?

STATEMENT OF SIGNIFICANCE TO NURSING

To meet their legal and ethical responsibility to advocate for patient safety, nurses must not only be cognizant of patient safety issues as they emerge but also demonstrate the necessary skills to overcome barriers to communication and to express their concerns and questions quickly. By identifying factors that influence speaking-up behavior and establishing a communication training program to improve team communication in surgical oncology, we hoped to address common communication breakdowns, enhance team collaboration, and protect against patient harm.

LITERATURE REVIEW

The quality of patient care in interprofessional settings demands input from providers of varying specialties and

hinges on coordination, negotiation, and agreement.¹⁰ Interprofessional collaboration in the OR is complex, and several factors related to IPC may affect staff members' ability or willingness to speak up regarding patient safety. For example, power dynamics and conflicts in role expectations may leave nurses and surgical technologists more reluctant to speak up to attending surgeons.^{11,12} Situational ambiguity, fear of retaliation, or a lack of communication skills also may influence speaking-up behaviors.¹³

Several initiatives have been launched to improve patient safety culture in the OR. The World Health Organization's surgical safety checklist has been linked to reductions in mortality in hospitals around the world.¹⁴ As another example, the National Quality Forum outlined an evidence-based set of practices shown to decrease the occurrence of adverse health care events.¹⁵

Several health care facilities have established team trainings with the goal to improve patient safety through teamwork, communication, and safety climate interventions.¹⁶ Informed by crew resource management, some trainers have incorporated techniques used in aviation.¹⁷ One of the most widely used programs is the Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) curriculum, which includes didactic-based learning modules that center on the core competencies of leadership, situation monitoring, mutual support, and communication.¹⁸ Overall, team training interventions for surgical staff members have been linked to a variety of improved outcomes, including increased communication (eg, check-backs, hand overs), frequency of preoperative checklist use, self-confidence in communicating and confronting concerns, and patient satisfaction.¹⁹⁻²³

METHODS

We conducted this study in two phases. To identify factors that affect speaking-up behaviors, we held focus groups with surgical oncology staff members. Next, we created a communication training program by following a series of consecutive steps outlined by Brown et al²⁴ and based on the focus group findings. To determine participants' reactions to the training program and whether the training program improved safety communication, we tested our training and evaluation methods in phase two. Testing involved evaluating participants' ratings of the perceived effect of the training program and the usefulness of specific training components and examining the effect of the training program on participants' self-efficacy in communicating patient safety concerns and on participants' communication during experiential role-play exercises.

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