Effective Communication
In The Perioperative Setting
EFFECTIVE COMMUNICATION IN THE PERIOPERATIVE SETTING

STUDY GUIDE

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2170 South Parker Road, Suite 400
Denver, CO 80231-5711
(800) 755-2676 www.aorn.org

Video produced by Ciné-Med, Inc.
127 Main Street North, Woodbury, CT 06798
Tel (203) 263-0006 - Fax (203) 263-4839
www.cine-med.com
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INTRODUCTION
Communication is best defined as the sharing of information between individuals or groups. Effective communication is vital in today’s diverse workplaces. Tension, friction, and misunderstanding may arise frequently, but their effects can be minimized with clear communication between health care providers and between health care providers and their patients.

Health care providers can use several effective communication techniques such as active listening, eye contact, respect, open-ended questions, and rephrasing, to encourage patients to communicate their health care needs.

Non-verbal communication conveys messages through body language, gestures, facial expression, and tone of voice. This form of communication often is perceived as a negative way to communicate, but non-verbal communication can be used appropriately during surgery, such as when additional supplies are needed or when it is time to count.

BARRIERS TO EFFECTIVE COMMUNICATION
Disruptive behavior and verbal abuse are examples of barriers to effective communication. These behaviors can be displayed by overt actions or covert actions. Overt actions include verbal outbursts and physical threats, while covert actions include the refusal to perform an assigned task or exhibiting uncooperative behavior. Individuals in positions of power may exhibit condescending tone of voice, refusal to answer questions or phone calls, and impatience with questions. These behaviors are barriers to effective communication and can compromise patient safety; in fact, facilities should have zero tolerance for these behaviors and develop a code of conduct and process for addressing disruptive behavior.

It is challenging to defuse a disruptive situation, particularly if you are the target. In this circumstance, it can be helpful to agree with the angry person and try to find some truth in what the angry person is saying. The goal is to achieve positive and constructive communication. When you use this technique, it is difficult for the angry person to maintain the anger.

Noise pollution in the perioperative workplace can hinder safe patient care. Music, phones, conversation, beepers, and equipment all contribute to noise overload. The US Environmental Protection Agency suggests that the maximum noise level should not exceed 45 decibels. This is especially important during critical times in surgery, such as during the time out or when critical information is being communicated.

Strained or disrupted interpersonal relationships can interfere with patient care and can produce a toxic atmosphere in the perioperative setting. These relationships arise from gossip, misunderstanding, envy, jealousy, sexual coercion, passive-aggressive behavior, or terminated relationships. When staff members practice mutual respect and appreciation, a toxic atmosphere is less likely to develop.

CONFLICT RESOLUTION
Our society is diverse, with many different backgrounds, perspectives, and approaches to life, so it is not surprising that conflict exists. People will have competing interests and competing perspectives on issues, and this gives rise to conflict. However, a certain level of conflict in an organization is good and may lead to positive change.

Unresolved conflicts, personality clashes, ego problems, communication failures, value differences, and non-compliance with rules can all escalate to an emotional level. It is well worth an investment of time and effort to learn how to deal positively and constructively with conflict.

Methods to resolve conflict
Understanding a conflict can help one effectively manage conflict and reach a consensus. The goal is for both parties to “win” by having at least some of their needs met. The strategies of collaboration, compromise, accommodation, and avoidance are examples of effective strategies.

Collaboration
Collaboration results from a high concern for your own interests, matched with a high concern for the interests of the other party. The outcome is “win/win.” This strategy generally is used when concerns for others are important. This approach helps to build commitment and reduce bad feelings. The drawback to collaboration is that it takes time and energy. In addition, some parties may take advantage of others’ trust and openness. Generally regarded as the best approach for managing conflict, the objective of collaboration is to reach consensus.

Compromise
This strategy results from a high concern for your interests along with a moderate concern for the interests of the other party. The outcome is “win some/lose some.” This strategy generally is used to achieve temporary solutions, to avoid destructive power struggles, or when time pressures exist. One drawback is that the partners in this strategy can lose sight of important values and long-term objectives.

Accommodation
Accommodation results from a low concern for your interests combined with a high concern for the interests of the other party. The outcome is “lose/win.” This strategy is generally
used when the issue is more important to others than it is to you. It may be regarded as a "goodwill gesture." This strategy is also appropriate when you recognize that you are wrong. The drawback is that your own ideas and concerns do not get attention. You may also lose credibility and future influence if you overuse this strategy.

**Avoidance**

Avoidance results from a low concern for your own interests coupled with a low concern for interests of others. The outcome is "lose/lose." This strategy generally is used when the issue is trivial or other issues are more pressing. It may also be used when confrontation has a high potential for damage or more information is needed. The drawback is that important decisions may be made by default. Rather than avoid conflict resolution, a better strategy may be to delay a decision and wait for the appropriate time and place to address the conflict.

**THE ROLE OF CULTURE IN CONFLICT RESOLUTION**

When trying to facilitate an end to a conflict, it is important to have some understanding of the cultures of the parties involved. Such knowledge will help you understand what the parties really want and do not want and what they are prepared to do and not do. Each of us belongs to multiple cultures that give us messages about what is normal, appropriate, and expected. When conflict management is used in a way that is culturally sensitive, these sometimes competing definitions and intricate concepts are taken into consideration.

Though cultures are powerful, they are often unconscious, influencing attempts to resolve conflicts in imperceptible ways. Recognizing these differences can influence the reaching of an agreement. It is useful for people in conflict to have interactive experiences that help them see each other as broadly as possible. Acknowledging culture and bringing cultural fluency to conflict resolution can help us make more intentional and adaptive choices.

**Assertive communication**

Communicating your feelings and needs clearly is also an important aspect of conflict resolution. This communication technique requires that you say what is on your mind in a way that is clear and assertive without being aggressive or putting the other person on the defensive. An effective strategy in using this technique is to put things in terms of how you feel rather than what you think the other person is doing wrong using "I feel" statements. At the very least, you need to acknowledge that individuals have different ways of seeing things. This does not mean that you have to compromise your basic principles—you simply validate the other’s stance so that you can move on to a healthier resolution of the conflict. This may be hard to do in a volatile situation, but a sign of individual strength and integrity is the ability to postpone your immediate reactions in order to achieve positive goals. Sometimes you have to “lose” in order, to ultimately “win.”

**ESSENTIAL COMMUNICATION DURING PATIENT CARE**

Ineffective communication is the most frequently cited root cause of sentinel events in health care settings. Effective communication that is timely, accurate, complete, unambiguous, and understood by the recipient reduces error and results in improved safety. The time out process found in the Joint Commission National Patient Safety Goals is an example of the standard of interactive communication that must occur before an intended procedure. This time out is the final assessment before a procedure to assure the correct patient, procedure, site and positioning are in place and that the relevant documents and necessary equipment are available. All team members involved in the intended procedure must also be involved in this active communication, and the procedure should not be started until all questions and/or concerns are addressed. When two or more procedures are being performed on the same patient, the time out is performed to confirm each subsequent procedure before it is initiated.

Some facilities have expanded the time-out process to become a briefing that also includes a review of the plan, the names and roles of team members, antibiotic administration, critical steps of the procedure, and any potential problems. Another expanded version of the time out can be found in the Surgical Safety Checklist developed by the World Health Organization. This checklist includes 19 items to be verified during the sign in, time out, and sign out.

**Hand-off**

The primary objective for a patient hand-off communication is to provide accurate information about a patient’s care, treatment, services, current condition, and any recent or anticipated changes as the care of the patient is transferred from one health care provider to another. The information must be accurate in order to assure patient safety. There are numerous types of patient hand-offs in health care settings, such as the report given to the post-anesthesia care nurse, the report when receiving the patient for surgery, reports during nursing shift changes, reports when staff members are leaving the unit for a short period of time, and transfer of the patient from one unit to another. The hand-off communication period should be a time when both parties can ask questions to clarify the
situation. Ideally, the hand-off communication should continue uninterrupted.

**Read back**

Another important communication practice for patient safety is the “read back” communication. For verbal or telephone orders or for reporting critical test results, the health care provider giving the order verifies the information by having the person receiving the order read back the complete order. The health care provider giving the order confirms that the information that has been read back is correct. Consistently practicing this Joint Commission National Patient Safety Goal improves patient safety.

**HORIZONTAL VIOLENCE**

Horizontal violence, also referred to as lateral violence, is a form of bullying and is endemic in the workplace. It is described as hostile and aggressive behavior by an individual or group toward another individual or group, directed at coworkers who are on the same level within an organization’s hierarchy. It is generally non-physical inter-group conflict and is manifested as sabotage, scapegoating, infighting, and overt and covert hostile behavior. However, horizontal violence may involve shoving, hitting, or throwing objects. Other behaviors associated with horizontal violence include, jealously, ambition, and lack of respect for each other.

Horizontal violence can cause psychological or emotional long-term effects on the recipients. It is the inappropriate way oppressed people release built up tension when they are unable to address and solve issues with oppressors. Studies show that disruptive health care environments can have a serious effect on job satisfaction and harassment litigation, and incivility may harm patients.

The strategy that works best in dealing with this behavior is to address the behavior immediately, because perpetrators may not realize they are committing horizontal violence. Be willing to speak up when you witness horizontal violence and name it for what it is. Use conflict management strategies and ensure that you are willing to engage in constructive communication. Successful strategies come with the involvement of management and require an ongoing commitment to culture change. Everyone in the workplace is urged to work together to address the issues of oppression and eliminate this unhealthy behavior of horizontal violence from the workplace.

**CONCLUSION**

Communication can be improved, but doing so is not always an easy process. It requires time, will, and motivation. Perhaps the most difficult obstacle is the fact that good communication requires you to think very deliberately and very consciously about something you can easily accomplish with almost no attention whatsoever: speaking. Effective communication is not simply a technique. It involves an exchange of thoughts and feelings between individuals. The responsibility for effective communication in the perioperative setting and its effect on patient care begins with you. You need to remember that the person facing you may not share your knowledge or way of speaking. Communication is nothing more than bridging that gap.
EFFECTIVE COMMUNICATION IN THE PERIOPERATIVE SETTING

POST TEST

EFFECTIVE COMMUNICATION IN THE PERIOPERATIVE SETTING

1. Communication can best be defined as
   a. active listening, eye contact, and touching.
   b. asking questions, seeking answers, and speaking rapidly.
   c. non-verbal gestures, facial expressions, or tone of voice.
   d. sharing of information between individuals or groups.

2. Health care facilities should have ________ for disruptive behavior.
   a. high tolerance
   b. limited empathy
   c. no understanding
   d. zero tolerance

3. It is challenging to defuse a disruptive situation, particularly if you are the target. It may be helpful to try to find some truth in what is being said and to
   a. agree with the angry person
   b. be passive.
   c. disagree with the angry person.
   d. stand your ground.

4. Noise pollution in the perioperative workplace can interfere with critical activities. The Environmental Protection Agency recommends that noise level should not exceed
   a. 10 megahertz.
   b. 25 decibels.
   c. 45 decibels.
   d. 100 megahertz.

5. Conflict may be effectively managed when both parties have some of their needs met in a “win/win” strategy. Which of the following best describes a “win/win” strategy?
   a. Accommodation
   b. Avoidance
   c. Collaboration
   d. Compromise

6. One’s cultural background and beliefs can influence attempts to resolve conflict. Which of the following may be a useful resolution technique?
   a. Acknowledging culture
   b. Analyzing culture
   c. Circumventing culture
   d. Ignoring culture

7. Communicating your needs and feelings clearly is an example of ________ communication.
   a. aggressive
   b. assertive
   c. passive
   d. postponing

8. The “time-out” communication that must occur immediately before an intended procedure in a health care facility is mandated by
   a. the Centers for Disease Control and Prevention.
   b. the Food and Drug Administration.
   c. the Joint Commission.
   d. Medicare.

9. What is the most frequently cited root cause of sentinel events?
   a. Effective communication
   b. Ineffective communication
   c. Medical staff errors
   d. Nursing errors

10. Accurate information about a patient’s care, treatment, services, current condition, and any recent or anticipated changes as the care of the patient is transferred from one health care provider to another is
    a. aggressive communication
    b. hand-off communication.
    c. time-out communication.
    d. none of the above.
POST TEST ANSWERS

EFFECTIVE COMMUNICATION IN THE PERIOPERATIVE SETTING

1. d
2. d
3. a
4. c
5. c
6. a
7. b
8. c
9. b
10. b