

Improving Workplace Civility in the Operating Room

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The Problem

- Initial focus: issue of retained surgical items (RSIs)
- Literature review indicated main issue related to other factors in the workplace involving teamwork and respect
- In the operating room (OR), workplace incivility identified as key factor in variability of inter-professional team engagement
- Variability affected team communication and effectiveness of team roles in OR sharps, sponge, and instrument counts and quality of end of case debrief

PICOT QUESTION

“Will the implementation of a healthy workplace educational program result in increased teamwork, improved communication and increased OR nursing satisfaction?”



<http://www.drropra.com/wp-content/uploads/2013/10/Conflicts-In-Practice.jpg>



Methods

- Johns Hopkins evidence-based practice (EBP) methodology used
- 22 studies reviewed - literature level 2-5 of good to high quality
- Tools and methods identified for a nurse-driven protocol
- OR Leadership support for EBP team for this project occurred in May 2016

Methods

- Two surveys completed by OR nurses, OR scrub technicians, Surgeons, Anesthesiologists and Certified Nurse Anesthetists
 - Perioperative Services Workplace Assessment (PSWA)
 - OR version of the Safety Attitudes Questionnaire (ORSAQ)
- Areas for intervention
 - Communication
 - Teamwork
 - Management training
 - New hire/team member training



Tools



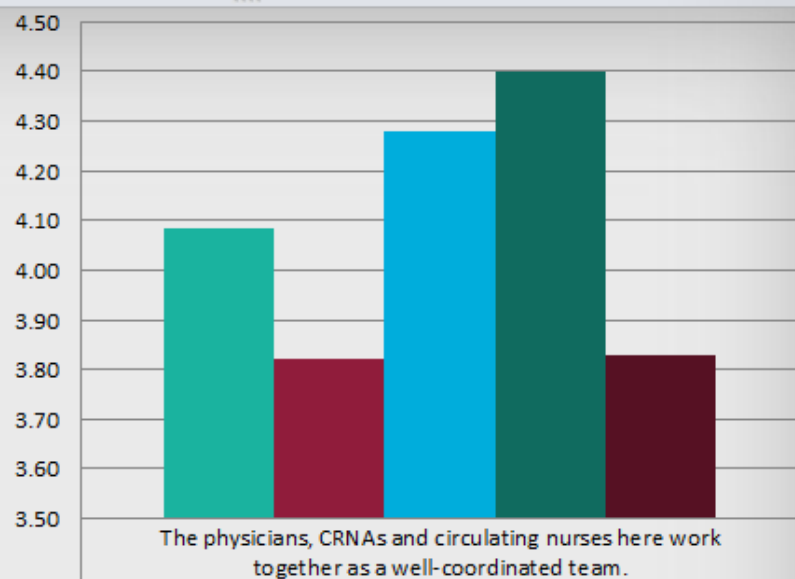
- Civility Toolkit (<http://stopbullyingtoolkit.org/>)
- Dr. Tim Porter O'Grady leadership seminar (workplace engagement and mindfulness)
- TeamSTEPPS process and communication techniques
- Assertiveness training with OR case scenarios

Tools

- Factsheets on workplace incivility and video links
- OR leadership training on effective communication
- Email established: OR Civility EBP
- Recognition of positive interdisciplinary communication and teamwork

Results

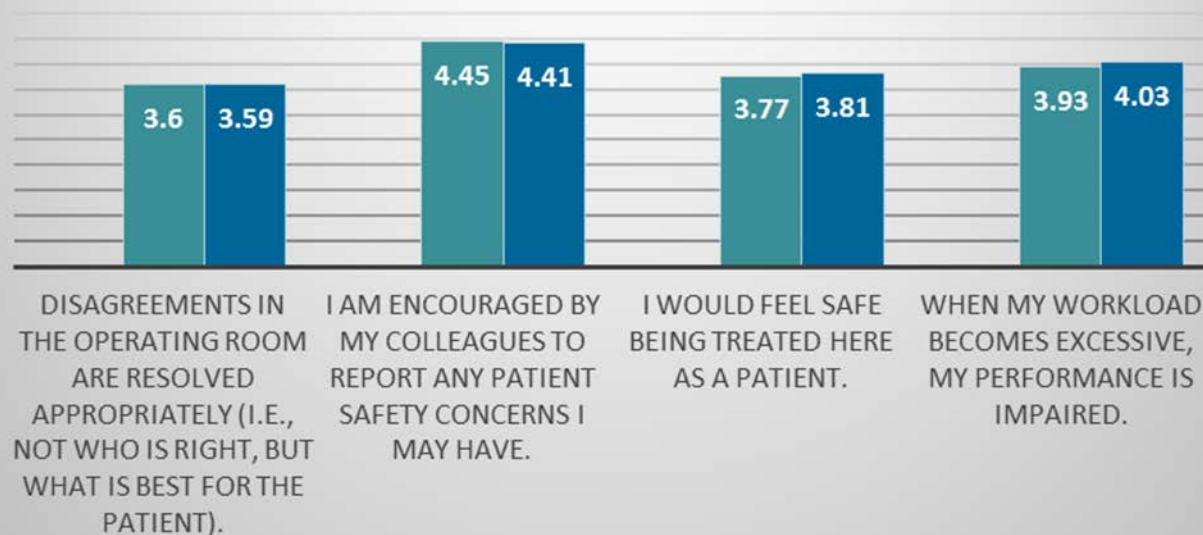
Multidisciplinary Mean Response Pre-Implementation



- Overall Mean Score
- Operating Room Staff
- CRNA
- ANESTHESIA
- SURGEON

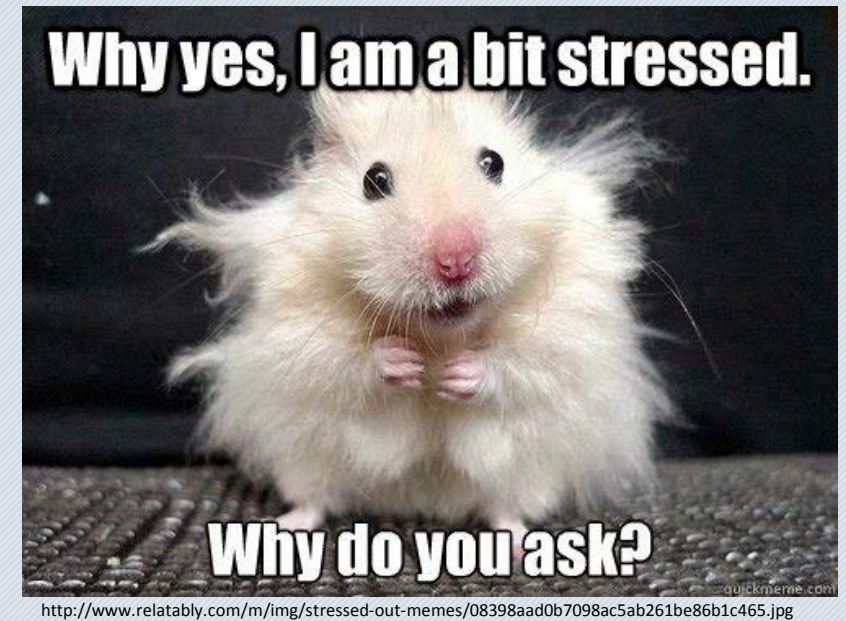
4.08
3.82
4.28
4.4
3.83

Mean Responses Pre and Post Implementation



Implications for Practice

- OR microcosm at much higher risk for workplace incivility compared to other clinical healthcare departments
 - High stress environment
 - Teams with well-defined power gradients
 - Minimal influence from the external environment
- Role of the perioperative nurse to maintain balance between the diverse personalities and temperaments on any given case



Implications for Practice



- Increased self-confidence, a healthy work environment, and increased quality of patient care by providing
 - OR nurse with tools for assertiveness and effective communication
 - OR leadership additional skills needed to support staff efforts
- The establishment of positive, respectful relationships are crucial to preventing incivility and providing an environment that supports the prevention of errors

Conclusions

- Project engaged all members of the OR team in identification of root causes of reported incorrect count errors and decreased quality of end of case debriefs
- Surveying OR team to gain a better understanding of factors contributing to a perception of workplace incivility helped guide the EBP team's intervention strategies and their impact on OR staff and the perioperative environment
- Interventions targeted increasing communication and collaboration within the operating room

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