Improving Workplace Civility in the Operating Room

Yvette Dial, BSN; Ellen Aguilar, MSN; Nadine Knight, MSN; Ann Mijares, DNP, CNS
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
“Will the implementation of a healthy workplace educational program result in increased teamwork, improved communication and increased OR nursing satisfaction?”
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/](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

- The physicians, CRNAs and circulating nurses here work together as a well-coordinated team.

Mean Responses Pre and Post Implementation

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<thead>
<tr>
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<th>Pre-Implementation</th>
<th>Post-Implementation</th>
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<tbody>
<tr>
<td>Disagreements in the operating room are resolved appropriately (i.e., not who is right, but what is best for the patient).</td>
<td>3.6</td>
<td>4.45</td>
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<tr>
<td>I am encouraged by my colleagues to report any patient safety concerns I may have.</td>
<td>3.59</td>
<td>4.41</td>
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<td>I would feel safe being treated here as a patient.</td>
<td>3.77</td>
<td>3.81</td>
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<td>When my workload becomes excessive, my performance is impaired.</td>
<td>3.83</td>
<td>4.03</td>
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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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