Communication within the Surgery Department

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**Abstract**

Critical care settings are distinct, in that the nurse is the main source of both the psychosocial and informational support that families and patients so often require during a surgical interventions (DOUCETTE, E., SANZONE, L., ALBAHOUTH, A., LUCA, W. D., SANTELLA, G., & WANG, K. 2019). Perioperative nurses recognize that the patient as well as family members experience increased levels of anxiety during the waiting period to undergo a surgical procedure. It is often during this time that little or no meaningful communication occurs between patients, family members and health professionals. It has been suggested that a structured information intervention has the potential to increase communication between all members involved and, as well as decrease family members' anxiety (Kynoch, K., Crowe, L., McArdle, A., Munday, J., Cabilan, C. J., & Hines, S. 2017). The lack of skilled communication affects employee engagement, decision making, productivity, morale, and retention (Cvetic, E. 2011).

**PICOT QUESTION**

In the surgery department I work in, there is a breakdown in communication between the staff nurses within the OR, and the nurses in pre-operative areas when it comes to communicating with the patient and family members. Currently, we do not have a written policy that states standardized practice to instruct staff on when, or who to contact to pass along this information so it is relayed to the patient and family as needed. My PICOT question is, For surgery department staff nurses, would use of a policy and education help reduce delays in communications with patients and their families compared to current practices and lack of education in over an eight-week period?

**Intervention**

A team is defined by the quality of its members’ interactions, interdependence, and shared goals.

Communication within the operating room can have many barriers (Abraham, S. P., Jeyakumar, A. K., & Babu, V. (2016).

1. Nurse-Nurse

1. inter-personal conflicts
2. nursing role confusion
3. hearing difficulty in the OR suite

2. Nurse-OR team

1. Inadequate knowledge
2. Lack of Assertiveness
3. Lack of active listening by team members

Education is paramount in nursing. Providing clear cut instructions and expectations on what is needed to be an efficient circulator can dramatically increase staff productivity and engagement with the entire surgical service department. Making a checklist of important activities that need to be accomplished once in the room, and during the procedure may help. Nurses need to be paying attention to the case they are on, but also how it is progressing and if it will negatively affect the rest of the days schedule. Providing a checklist of standard care can also help enhance effective communication. It should be standard practice to update the circulator’s knowledge during the procedure. It isn’t always easy for the nurse to see all that is going on since they are not up at the field. The entire team should be communicating what is happening during surgery in order to update the circulator. This can be for many reasons, such as the case running longer than the scheduled time allotted. This will give the perioperative nurse the opportunity to call either pre-op, or the charge nurse and ask them to speak to the patient and family of the case to follow in that room.

**Outcome**

Effective communication is vital in OR. It enables its smooth functioning, proper communication, saves time, efficiency and enhances good patient outcome. The goal for the educational interventions and standardized checklist will give the nurses the tools to work efficiently and communicate how the day will flow. The long term outcome would be that patient satisfaction will increase and Press Ganey scores will decrease in negative feedback about communication.

**Reference**

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