

## NURSING STAFF COMMUNICATION WITH THE SURGICAL TEAM

Ana Laura Muciño Carrera<sup>1</sup>, Danelia Gómez Torres<sup>2</sup>, Guadalupe Sánchez Arias<sup>3</sup>, Elizabeth Bernardino<sup>4</sup>, Solange Meira de Sousa<sup>5</sup>

**ABSTRACT:** The objective of this qualitative study was to interpret the communication between nurses and the surgical team. Using the Ethnomethodology (based on the Human Communication Theory of Watzlawick), this study, which was conducted in a third-level hospital in Mexico, included 19 nurses. During data collection, interview and observation guides were applied from February to May, 2015. For the discussion, the theory discussed above was analyzed with the content analysis method. The nurses anticipate communication, confirm the most significant information, and point out the importance of ensuring patient safety when communicating. Concluding, nursing professionals encourage assertive communication within the team; nevertheless, this requires the active participation of all team members in order to obtain information with reciprocity and harmony, thus keeping an effective communication that avoids risks during surgical procedures.

**DESCRIPTORS:** Communication; Nurses; Operating Rooms.

### LA COMUNICACIÓN DEL PERSONAL DE ENFERMERÍA CON EL EQUIPO QUIRÚRGICO

**RESUMO:** El objetivo de esta investigación fue interpretar la comunicación de la enfermera con el equipo quirúrgico. Estudio cualitativo, se empleó la Etnometodología, sustentada en la Teoría de comunicación humana de Watzlawick, las participantes del estudio fueron 19 enfermeras, durante la recolección de datos se aplicaron guías de entrevista y observación de febrero a mayo 2015, el estudio se realizó en un hospital de tercer nivel en México. Se analizó con el método de análisis de contenido, para su discusión, la teoría antes señalada. La enfermera lleva a cabo la comunicación con previsión, confirma la información más significativa, señala la importancia de garantizar la seguridad del paciente al comunicarse. Concluyendo que el profesional de Enfermería propicia la comunicación asertiva dentro del equipo; no obstante, se requiere participación activa de todos, para obtener reciprocidad y sintonía en la información, así sustentar una comunicación efectiva que evite riesgos durante los procedimientos quirúrgicos.

**DESCRITORES:** Comunicación; Enfermeros; Quirófanos.

### A COMUNICAÇÃO DO PESSOAL DE ENFERMARIA COM A EQUIPE CIRÚRGICA

**RESUMEN:** O objetivo desta pesquisa foi interpretar a comunicação de enfermeiras com a equipe cirúrgica. Estudo qualitativo, em que se utilizou a Etnometodologia, com base na teoria da comunicação humana de Watzlawick. As participantes do estudo foram 19 enfermeiras, durante a coleta de dados foram aplicados formulários de entrevista e observação, de fevereiro a maio de 2015, e o estudo foi realizado em uma hospital terciário do México. A teoria acima mencionada foi analisada com o método de análise de conteúdo, para sua discussão. As enfermeiras realizam a comunicação com previsão, confirmam a informação mais significativa, e observam a importância de garantir a segurança do paciente ao se comunicar. Conclui-se que o profissional de enfermagem promove comunicação assertiva dentro da equipe; no entanto, requer-se a participação ativa de todos para obter reciprocidade e sintonia na informação, e assim manter uma comunicação eficaz para evitar riscos durante os procedimentos cirúrgicos.

**DESCRIPTORES:** Comunicação; Enfermeiros; Salas Cirúrgicas.

<sup>1</sup>Nurse. Master of Surgical Nursing. Faculty of Nursing and Obstetrics of the Autonomous University of the State of Mexico. Toluca, State of Mexico.

<sup>2</sup>Nurse. PhD in Nursing. Professor of the Faculty of Nursing and Obstetrics of the Autonomous University of the State of Mexico. Toluca, State of Mexico.

<sup>3</sup>Master of Health Systems Administration, Faculty of Nursing and Obstetrics of the Autonomous University of the State of Mexico. Toluca, State of Mexico.

<sup>4</sup>Nurse. PhD in Nursing. Professor at Federal University of Paraná. Curitiba, Paraná, Brazil.

<sup>5</sup>Nurse. Doctoral student in Nursing at the Federal University of Paraná. Curitiba, Paraná, Brazil.

**Corresponding author:**

Danelia Gómez Torres

Universidad Autónoma del Estado de México

Bolívia núm. 4 CP. 52169 - Metepec, Estado de México, México

E-mail gomezdanelia@usa.net

**Received:** 26/02/2017

**Finalized:** 06/07/2017

## ● INTRODUCTION

Communication is the action and effect of sharing, transmitting ideas, messages or feelings to our peers in order to reach agreements, set objectives, meet goals in any field, through words, or through sending and receiving messages without them (non-spoken)<sup>(1)</sup>. Currently, in the healthcare area, specifically in the surgical field, poor communication generates problems; however, previous studies related to the issue do not include information about the interaction of the nursing staff with surgical team members.

Studies on the characterization of communication patterns in operating rooms indicate that failures of communication among surgical professionals have an impact on patient safety, and can increase patient morbimortality. This is the case of nursing professionals, who recognize insufficient and ineffective communication within the interdisciplinary team. The present investigation was carried out because previous studies related to this concern could not explain the cause of it.

Research on the theory of communication adopts a systemic approach and holds some properties of axiomatic nature that have basic interpersonal consequences. Watzlawick et al.<sup>(2)</sup> define them as five axioms present in every human interaction; one says that a person cannot stop communicating at all, because any behavior carries a message. The second axiom is related to what is said and the relationship between the communicators to interpret the message. The third axiom refers to the multiple exchanges in any conversation, for example the action and the impact of the messages.

One of the last axioms analyzes verbal and nonverbal communication, as both are complementary and have direct influence on the message interpretation regarding those who are interacting. In a conversation there are also relationships among communicators who play the same role, in which relationships among speakers are distant<sup>(2)</sup>.

Human communication is made up of three areas, particularly the pragmatic one, that refers to its effects on the behavior, in which these two terms (communication and behavior) are perceived as synonyms, since the elements of pragmatics are not just words, but also signs associated with nonverbal communication. In addition, personal behaviors have essential components in the context where communication takes place. Thus, for pragmatics, every behavior (not only speech is communication, therefore) affects the conduct, so that pragmatics is particularly related to the emitter-receiver relationship that arise from any interaction<sup>(1-2)</sup>.

The object of this study is the communication of nurses with the surgical team, which is defined as a group that works together and builds up a social interaction established also by logical reasoning. The study has the objective of interpreting nurses' communication with other professionals and pointing out their interaction with the surgical team of a large hospital in Mexico.

## ● METHOD

This is a qualitative study with the objective to understand the perspective of the participants regarding the circumstances that surround them, as well as to learn their experiences, perspectives, opinions and meanings. Ethnomethodology was used as a method that analyzes daily activities (members' methods to make these activities clearly rational and communicable) carried out for practical and explicable purposes in any organization<sup>(1)</sup>. It was supported by Paul Watzlawick's Theory of Human Communication<sup>(1)</sup> that approaches the pragmatic aspect; furthermore, it focuses on basic and interpersonal properties, the axioms of communication.

The study setting was the operating rooms of a third level hospital in Mexico. The social actors were the nursing professionals from the surgical area that integrated the surgical team (nurses, surgeon, anesthesiologist, as well as their respective medical residents). There were 19 nursing professionals who worked during the day shift, in the morning and evening, in that area. The study included those who actively talked and participated during the surgical procedures, acting as circulating or instrumentalist staff, with more than 6 months of experience in the rooms, being this the criteria of participation. An interview and five observations, which did not contribute with relevant data to the object of the study,

were excluded.

Data collection was carried out for eight weeks, from February to May, 2015. In the first stage, the recognition of the study setting and the participants was carried out. After that, passive observation took place during the surgical procedures along three days with a length between three and four hours per day, in average, to know the scenario. Later, data collection was undertaken for approximately 250 hours, using a 15-aspect observational guide, that was applied in real time during the surgeries.

All the procedures were observed since the patients' entry into the operating room until their exit, in which the researchers approached aspects of the communicators, the characteristics of the transmitted messages and to whom they were addressed.

Another technique was the development of interviews, which followed a semi-structured guide, based on guiding questions addressing the opinion and differences in communicating with each one of the team members, and relevance, disturbance and actions that were detected by the nursing professional during the communication. Nineteen interviews were carried out with nurses who were observed during the work shift: 10 from the morning shift and 9 from the afternoon shift (data saturation was achieved with this number). Each interview was recorded with an audio device, with prior authorization and signed written consent by the participants to fulfil the ethical aspects of the Mexican General Health Law for healthcare investigation, according to article 14, section V.

For data processing, the interviews and the guides for observational records were transcribed in a Microsoft Word processor; once captured, and to preserve the anonymity of the participants, they were assigned one number, from 1 to 19, using content analysis for the segmentation of data into significant units. The information was identified, classified and codified with a chromatic technique to highlight the relevance of each tag, facilitating the assignment of pre-categories, then the most frequent ideas were discussed, grouped into elements that translated them to a synthetic form for gathering into categories<sup>(3)</sup>.

The results were presented in categories discussed according to Paul Watzlawick's Theory<sup>(1)</sup>. In order to fulfil the law on research as ruled by the Mexican General Health Law in article 100, which states the preservation of anonymity, each participant was identified with a number. The Ethics Committee of the Adolfo López Mateos Medical Center, according to number 217B50061/4848, approved the research project, that was implemented from March to April 2015.

## ● RESULTS

The study participants that were observed during 20 surgical procedures were 19 female specialist nurses, 21 physicians from different surgical specialties, and 16 specialists in anesthesiology, as well as 23 medical residents. All participants were formally linked to the healthcare institution.

The operating room is an area where messages must be clearly and accurately expressed in order to guarantee patient safety, for this reason it is essential, among those who are part of the team, to understand each other properly to achieve greater efficiency during the procedures. This is what a participant says:

*You tell the surgeon: you know, a gauze is missing [...], in that case you do emphasize, I need a gauze or a needle or a clamp, independently and if you ignore it, you tell the colleague -circulating-, I told the doctor and he/she ignored me [...] I do not care that he is out of luck. You know what? I need such a thing. (E-5)*

The speech above allows us to infer the null listening of the receiver, causing failures in the communication process related to the opposition of the message content. The lack of agreements in the exchange among them causes conflicts in relationships, which arise when one of the communicators does not perform the emitter-receiver function, or his/her inappropriate behavior directly affects the other; the nursing professional request is ignored; the lack of information reciprocity makes it difficult to establish an effective communication, which will directly affect patient care.

On the contrary, the repetition of messages sent to the surgical team, generate poor communication

that can lead to complications during the surgical procedure:

*If a vascular suture is needed and from the beginning you tell the doctor that there is none, and when you are going to use it he says: pass me the pro lene! [Vascular suture], I replied: I told you that I do not have it, [...] whenever the patient enters, I emphasize, this is missing, I remind you of this. (E-10)*

Consequently, to boost effective communication, emphasis should be given to actions that promote benefits for all surgical team participants and essentially for the user of healthcare services. Nursing professionals should focus their actions to prevent possible surgical delays and failures, for that reason this information must be transmitted to the surgical team. One interviewee said:

*When there is a lack of tools for surgery, I communicate it to the surgeon, to the anesthesiologist and the nurse must know [...] You know that! [Anesthesiologist] at the tools and sterilization center the patient's material is not found, do not go for anesthesia, wait!, - let me ask you-, likewise inform the surgeon that the equipment necessary for patient surgery is not in the tool and sterilization center, this is indispensable. (E-11)*

Healthcare professionals should use confirmatory phrases to validate their functions, monitor the procedure development and support the information to improve safety guidelines; at the same time, they identify the patient and verify the correct site of the surgery to be performed. The following speech reflects this:

*There must be communication for everything, to inform the surgeon, everyone should know and if I have any doubt, when it is a trauma: is the fracture in the left or right tibia? To corroborate this information, it must be communicated [...] so it's a minimum detail and you as a nurse must report it. (E-8)*

The exclusion of one member of the team, at the time of transmitting information, causes errors in communication; in this regard, the nursing professional perceives himself/herself as the most vulnerable in the face of adverse events that occur during the procedure:

*Nursing always goes ahead, the patient has a complication. Why? Because the anesthesiologist doctor did not inform me; the patient dies, and you never found out what time the general anesthesia started, when he/she was ventilated. (E-3)*

For the existence of communication reciprocity, resources must be used correctly. One of the most singular resources is the professional's voice, considered a tool for the development of verbal skills, and personality is related to it, hence the volume used in speaking determines whether the message is properly understood, which gives credibility to the communicator. By using a suitable voice tone misunderstanding between communicants can be avoided:

*Sometimes we do not speak clearly and loudly, and it creates confusion [...] that is what is missing, that one speaks clear with us, in a precise and strong way, because when using a low voice volume, we do not understand well each other (E-4)*

A person, when speaking to others, must modulate the volume of his/her voice to give different nuances that increase his/her expressiveness and validate the message before others:

*If it is related to the patient, I can say it out loud [...], the person I address has to answer me, if he/she does not answer me, I repeat it. (E-17)*

In addition to the aforementioned aspects, emotions interfere in the communication process and have great influence on daily interactions, affecting the professionals' harmony and therefore the working environment of the surgical team.

*If I get angry for some situation, it is a feeling I bring, and someone tells me and even though I do not want to answer him/her wrongly, then the other person will say, I will not ask anything, because he/she will reply. (E-8)*

In many circumstances, it depends on the emotional interactors' relationship and the context in which their conversation takes place.

## ● DISCUSSION

Communication dynamics is transactional, through the exchange of messages, the responsibility acquired by the communicators is shared. Knowing how to listen makes the interlocutors feel understood when their intervention is fulfilled, improving their autonomy, flexibility and success in interacting.

Likewise, good communication - understood as active listening, empathy and authenticity - in message transmission and problem solving, when correctly applied, makes the professionals' working life more understandable<sup>(4)</sup>, as a consequence, the nursing staff promotes active listening to achieve an effective and satisfactory understanding within the surgical team. This action consists of assimilating essential information to communicate it appropriately during a surgical procedure.

Knowing how to listen is a more complex art than talking, it is one of the best resources used to emphasize the attention on what the interlocutor is communicating. Thus, surgical professionals must know how to listen, otherwise they may omit fundamental data by ignoring information about the patient and/or procedures, which will limit their work, failing to offer an optimal intervention to the patient. On the contrary, when there is harmony in the information, that is, understanding in what is said, the communicative interaction will be more effective<sup>(5)</sup>. When reliably informing something about surgical procedures, any professional raises the safety standards for the patient, for the professional team and other people involved.

One of the multiple functions of the nursing professional is to gather the equipment, instruments and necessary material for the surgical procedures, as well as to report the lack of specific inputs for each operation, in a hospital environment, specifically within the operating room, nurses face various conflicts in the procedures that require knowledge, ability and immediate response to situations that demand physical and mental efforts, as well as their prompt and effective intervention in these events<sup>(6)</sup>, alerting the corresponding instances about the infrastructure conditions that hinder patient safety.

All of the above depends on the ethical and legal responsibilities that are raised in their professional practices for avoiding a predictable adverse event<sup>(7)</sup>. A constant nursing professional's performance forecast is related to their behavior in identifying incidents and immediately communicating them to the surgical team in order to protect the patient's welfare.

Within the surgical area, healthcare professionals should be well informed about the procedures and issues related to the patient, such as allergies; since poor information in a multidisciplinary team will cause errors during a surgery, such as in surgical regions or patient identification<sup>(8)</sup>. When the nurse talks to the surgeon - I told him/her, you know what: doctor, close the room, - Why sawing?! Because there is secretion! - a little droplet! -, in American clinics it is said that the purulent secretion, fetid or not, is considered as pus and is contaminated -, his/her action means a positive performance in communication,

In 1967, Watzlawick<sup>(2)</sup> pointed out that human interaction is a communication system characterized by the feedback properties that are the natural focus for the pragmatics of the communicational phenomena, thus the context influences the interpretation of a specific speech. If these characteristics arise when the surgical team is interacting, the result will be an assertive communication for the user's benefit.

If the nursing professional communicates with the surgical team through confirmatory phrases before, during and after the procedure, it enables other professionals and not only nursing ones to fulfill international goals: effective communication, and therefore safe surgery at the hospital institution.

The nurses who participated of the present investigation ponder that their interventions are important in the surgical team's acts and they are the ones who must receive precise notifications, similar to those communicated to the others. Watzlawick<sup>(2)</sup> suggests a symmetrical relationship in communication among healthcare professionals, in which information exchange takes place on an equal level, considering that belonging to a team, engages professionals to participate actively in the whole process in order to reinforce communication in the surgical room.

During the procedure, insecurity increases when accurate and important information for a member of the surgical team in any moment is omitted, it highlights a poor integration; a good relationship influences in all communication, therefore it is not possible to communicate effectively, if a professional neglect his interlocutor<sup>(9)</sup>. Hence, a team of professionals interacts with a common goal: patient safety.

The team members have to promptly convey any issues, providing approaches referred to solving problems that emerge in the communicative context<sup>(10)</sup>. On the other hand, it is not just a matter of constituting a team and be kept in it, but rather the information must be declared directly to each professional so that, as a team, the participation of each member is achieved by generating reciprocity in communication, it is the action that the nursing professional requires from his/her surgical team.

Message interpretation depends on emphasis, on linguistic signs, and on the context in which communication takes place. Watzlawick mentions that a conative aspect focuses on the type of message, which must be understood to improve the relationship among the people who communicate<sup>(2)</sup>. For this reason, the nursing professional mentions - sometimes we do not speak clearly and strongly and it causes confusion (E-4) - it is convenient to speak out loud so that the message is clear and heard by the entire team within the operating room.

In communication, apart from the voice tone, a harmonized rhythm must be used, considering that a too high volume causes a certain rejection from the receiver; conversely, a too low volume makes it difficult to understand and shows insecurity or fear of the communicator<sup>(11)</sup>. The messages are positive when communication flows; otherwise, they may be confusing; a very high volume in the voice tone causes tension in the room and, consequently, disturbs the communication system in each professional of the surgical team<sup>(6)</sup>.

When communication is interfered, several factors arise - as this research describes; noise is present in any communication system, specifically psychological noise is manifested in the surgical team through their mood and negative emotions that block a rational process and prevent empathy in communication among the professionals.

Every emotion manifested in a person belongs to a qualitative affective state, constitutes a social consensus, a behavioral reaction; the interpersonal relationship is very characteristic among professionals because of the group daily coexistence<sup>(12)</sup>. Indeed, nursing professionals must behave naturally when expressing themselves, and react rationally with respect to the control of their emotions, in order to understand and comprehend the other. A positive emotional state maintains good relationships and creates a suitable environment for a communication system that does not allow doubts among the surgical team.

## ● FINAL CONSIDERATIONS

The relational factor of any communication primarily influences people who have been interacting for a long time, the knowledge that one person has about the other influences the communication style, therefore a group that lives together - as in the operating room - interacts successfully and thus ensures patient safety within each operating room.

Nurses presume that communicating in advance and in a clear and precise manner is essential in any procedure, in addition to corroborating in any unforeseen situations, since the lack of any input or instrument and not confirming the information during the procedure cause adverse events and increase patient morbidity and mortality in the operating room.

The concept of a team is essential for nursing professionals, since each of its members must be committed to collaborate together in performing their corresponding functions and getting involved in all the information presented during the surgical procedure.

Psychological noise is manifested by the emotions of the surgical team members; according to the nurses, it is presented in those who try to separate their emotional state between their work and personal life, but cannot help it and manifest it in their daily activity. However, they are aware that they must control their negative emotions not to affect the communicative relationship that keeps safety within the team in the surgical area; interpreting the way of communicating.

It should be emphasized that the study approached mainly the opinion of nursing professionals, so it is necessary to study the perspective of other professionals of the team in order to expand the panorama of communication in the area.

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