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A Basic Communication Workshop for Operating Room Nurses

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The present article describes a workshop presented to a group of operating room nurses in a small children's hospital and the evaluation of the program. The workshop was unique because of the crucial nature of the participants' work and the practical, wide-ranging evaluation. The workshop was initiated when the director of the operating room informally approached a counsellor in the employee health department regarding her concerns about stress in the unit, and about improving team work. It was decided to undertake an intervention to increase mutual support and team effectiveness. The approach chosen was an empathy and self-disclosure training workshop well described by Bierman (1981), and empirically known to reduce some aspects of stress.

Method

Participants. The eight nurses who volunteered for the main training were ranged in role from the director to "scrub" nurses. A co-leader was drawn from another non-medical department of the hospital. A comparison group of ten nurses was obtained. They were staff receiving training in the operating room of another hospital.

Procedure. The training consisted of 16 four-hour weekly sessions and one hour of homework. One hour of the workshop was held during working hours and three hours were held on the participants' own time. Each session was divided about equally among experiential relaxation-and-focussing exercises, feedback on the homework dyads, and didactic material from a participant's manual (Bierman, 1981). Three workshop sessions were spent on self-disclosure, three on empathy, three on respect, one on authenticity, three on conflict-resolution, and three on organization and evaluation.

Communication skills were measured with Gendlin's (1967) Experiencing Scale and Carkhuff's (1969) Empathy Scale. Attitudes of the training group and the comparison group were measured before, after, and four months after this workshop with measures related with life stress: Rokeach's (1956) Dogmatism Scale, Srole's (1956) Anomia Scale, Rosenberg's (1979) Self-esteem Scale, and Rotter's (1966) Locus of Control scale. Unobtrusive measures of absenteeism, lateness, and complaints were taken.

Results

Significant changes ($p < .05$) were found in analyses (ANCOVA) of both measures of communication skills. All four personality tests changed in the the preferred direction. Analyses for Dogmatism and Anomia showed non-significant trends ($p < .07$ and $p < .06$ respectively). In absenteeism, the training group dropped from 38 absences to 24 in nine months before and after the group, while a comparison group increased from 25 to 30 absences. Complaints and lateness for the whole department dropped by half. A cost-effectiveness analysis, including the leader's time, materials, and one-quarter of the partici-

pants' time, versus savings due to reduced lateness and absenteeism, yielded a benefit-to-cost ratio of 1.9 for the first year after training.

Discussion

The workshop likely met its objectives of improving team effectiveness and mutual support. Substantial changes were recorded in both abilities and capacities to be supportive.

The study was quasi-experimental in nature. Nonetheless, an evaluation with reliable observation and some degree of control was achieved, albeit with effort. This was probably facilitated by the technical-mindedness of the operating room staff, and the general acceptance of research in the hospital. The evaluation was valuable because it allowed a justification of expenses, it promoted training in other units of the hospital, and it allowed the leaders to do quality control on their performance.

The participants in this study appear to have learned counselling skills, and showed the predictable results of helping and being helped. In times of budget cuts and extra stress, inexpensive actions can nonetheless be taken to improve the situation with administrative support and technical expertise.

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