



# Communication Techniques to Improve the Patient Experience in the Perioperative Setting

Stacy Stahl, BSN, RN

Faculty Advisor: Dr. Gwendolynn Randall, PhD, CRNA, ARNP

Union University

## INTRODUCTION

- Fear and anxiety are often experienced by patients in the perioperative setting.
- Historically fear and anxiety have been treated through pharmacological means.
- Verbal and nonverbal communication can alter the perception and experience of others ((Koff and Shafer, 2000).
- The project's aim was to assess current evidence and provide evidence-based practice recommendations regarding communication techniques that can be used to reduce fear and anxiety in the perioperative patient.
- The results of this review will serve as a guide to develop evidence-based practice recommendations guiding non-pharmacologic anxiolysis for anesthesia providers to use in the operating room.

## METHODS

- The study was conducted with nurse anesthesia students and nurse anesthetists in Memphis, TN.
- Subjects were recruited via email which outlined the purpose of the study, an invitation to participant, a link to the pre-test and post-test, and a copy of the PowerPoint presentation which detailed research findings.
- All subjects were provided a copy of the informed consent which was required to participate in the study.
- Outcomes measured via the pre-test and post-test:
  - Communication involving surgical terms
  - Techniques on how to decrease anxiety
  - Use of the "vocal local" technique
  - Most common communication complaints
  - Initiating a provider-patient relationship

## RESULTS

- **Pre-Test/ PostTest**
  - To assess any knowledge gained from the PowerPoint presentation, a pretest and post-test were provided for subjects to complete.
- **Statistical Analysis**
  - A Paired Ttest was utilized to analyze the data. The pvalue was 0.04 which is less than the standard significance level of 0.05 which indicates that the posttest values were improved versus the pretest values.

## CONCLUSIONS

- There are multiple communication methods available for nurse anesthetists to use to reduce patient anxiety and fear and improve overall satisfaction of the perioperative patient.
- Verbal and non-verbal communication techniques can be used.
- Examples of verbal communication techniques include:
  - Changing tone of voice to be less dominate and less anxious
  - Greeting the patient in a professional manner
  - Providing detailed perioperative information
  - Using distraction techniques
- Examples of non-verbal communication techniques include:
  - "Vocal local"
  - Neurolinguistic programming.
- There were some communication techniques that were shown to increase anxiety and fear.
- . Examples of negative communication techniques:
  - Using unfamiliar surgical terms
  - Inadequate information about care

## FURTHER PLANS

- The study participants showed an improvement in understanding of communication techniques and how it can affect the patient undergoing anesthesia.
- The study participants should now have the knowledge to incorporate beneficial communication techniques into their daily practice in order to decrease fear and anxious in their perioperative patients.
- In addition, more studies on how communication affects the perioperative patient's experience are needed and should be performed in the future.

## REFERENCES

- Ambady, N., LaPlante, D., Nguyen, T., Rosenthal, R., Chaumeton, N., Levinson, W. (2002). Surgeons' tone of voice: A clue to malpractice history. *Surgery*, 132(1), 5-9. <https://doi.org/10.1067/msy.2002.124733>
- Bigley, J., Griffiths, P D., Prydderch, A., Romanowski, C A J., Miles, L., Lidiard, H., Hoggard, N. (2010). Neurolinguistic programming used to reduce the need for anaesthesia in claustrophobic patients undergoing MRI. *The British Journal of Radiology*, 83(983), 113-117. <https://doi.org/10.1259/bjr/14421796>
- Caddick, J., Jawad, S., Southern, S., & Majumder, S. (2012). The power of words: sources of anxiety in patients undergoing local anaesthetic plastic surgery. *The Annals of The Royal College of Surgeons of England*, 94(2), 94-98. <https://doi.org/10.1308/003588412x13171221501267>
- Cecilia Clair, Åsa Engström, Ulrica Strömbäck. (2020). Strategies to relieve patients' preoperative anxiety before anesthesia: Experiences of nurse anesthetists. *Journal of PeriAnesthesia Nursing*, 35(3), 314-320. <https://doi.org/10.1016/j.jopan.2019.10.008>
- Jangland, E., Gunningberg, L., & Carlsson, M. (2009). Patients' and relatives' complaints about encounters and communication in health care: Evidence for quality improvement. *Patient Education and Counseling*, 75(2), 199-204. <https://doi.org/10.1016/j.pec.2008.10.007>
- Keough S. C., Fry, K., Mbugua, E., Ayallo, M., Quinn, H., Otieno, G., & Ngo, T. D. (2002). Vocal local versus pharmacological treatments for pain management in tubal ligation procedures in rural Kenya: a non-inferiority trial. *BMC Women's Health*, 14(21). <https://doi.org/10.1186/1472-6874-14-21>
- Kopp V. J. & Shafer, A. (2000). Anesthesiologists and perioperative communication. *Anesthesiology*, 93(2), 548-555. <https://doi.org/10.1097/0000542-200008000-00035>
- Krupic, F., Eisler, T., Sköldenberg, O., & Fatahi, N. (2016). Experience of anaesthesia nurses of perioperative communication in hip fracture patients with dementia. *Scandinavian Journal of Caring Sciences*, 30, 99-107. <https://doi.org/10.1111/scs.12226>
- Mauleon, A. L., Palo-Bengtsson, L., & Ekman, S. (2007). Patients experiencing local anaesthesia and hip surgery. *Journal of Clinical Nursing*, 16(5), 892-899. <https://doi.org/10.1111/j.1365-2702.2007.01771.x>
- Smith C. S., Guyton, K., Pariser, J. J., Siegler, M., Schindler, N., Langerman, A. (2017). Surgeon-patient communication during awake procedures. *The American Journal of Surgery*, 213(6), 996-1002.e1. <https://doi.org/10.1016/j.amjsurg.2016.06.017>

