

Communication Skills and Burnout Levels of Operating Room Team

Bayer YB^{1*} and Ozturk S²

¹*Surgical Clinical Nurse Specialist, General Surgery Clinic, Dr. Ilhan Varank Sancaktepe Training and Research Hospital, Emek Quarter, Namik Kemal, Sancaktepe, Istanbul, Turkey*

²*Psychiatry Nursing, Maltepe University School of Nursing, Buyukbakkalkoy Quarter, Maltepe University Marmara Education Village, Maltepe, Istanbul, Turkey*

***Corresponding author:** Bayer YB, Surgical Clinical Nurse Specialist, General Surgery Clinic, Dr. Ilhan Varank Sancaktepe Training and Research Hospital, Emek Quarter, Namik Kemal Street. No: 7, 34785 Sancaktepe, Istanbul, Turkey, Tel: +905385226359, E-mail: basakbayer183@gmail.com

Citation: Bayer YB, Ozturk S (2019) Communication Skills and Burnout Levels of Operating Room Team. J Nurs Healthcare Manage 2: 201

Abstract

Background: This study was conducted to determine the relationship between communication skills and the burnout levels of the operating room team.

Methods: The universe of the research was formed by four educational and research hospitals, to which the Istanbul Anatolian Northern Public Hospitals Union belongs. The sample of the research was 158 people who agreed to do the research. Data; an introductory information questionnaire constructed by searching the literature by the researcher, Maslach Burnout Inventory and Communication Skills Inventory.

Results: When the average scores of emotional exhaustion and depersonalization of the operating room team were examined, there was a low burnout level; personal success average scores indicate that they have a high level. When the scale scores of the operating room team are examined, it is seen that the communication skills inventory total and subscale scores of the participants who did complete the research are higher than average.

Conclusion: When the results of the study were examined, it was found that the negative and low-level relationship between communication skills and burnout levels of the operating room team. In other studies, in the literature, it is seen that the results are in this direction.

Keywords: Operating Room Team; Nursing; Communication Skills; Burnout Level

Introduction

In the field of health, regular and fair distribution of services to the individual and his / her family, together with the health care team. Although teamwork is necessary for all areas, one of the most needed environments is the operating room [1]. The surgery team consists of a doctor, an anesthesia technician and an operating room nurse. The operating room environment within the hospital units requires the use of long, often unpredictable working hours and various occupational are psychologically and socially exposed to many problems [2].

One of the problems faced in the operating room environment is communication problems [3]. Communication is more important in the production and efficient delivery of health services than in other areas of work [4]. Communication is a necessary skill for the happiness of both individual and organizational life and it is a skill learned later [5]. In professions such as advertising, teaching and nursing, it is very important for individuals to develop their knowledge about how to behave when they meet people of different personalities. Communication problems, intense pressure and stress, together with the decrease in work efficiency, the economic loss of the institution, the emergence of medical errors and the direct care of the personnel who care for the personnel and all these factors are reflected in the patient care can cause the quality of care and burnout [6-8].

The concept of burnout first introduced by Freudenberg in 1974; was associated with physical, emotional and mental fatigue and showed signs of depersonalization, success and decreased interest in work [9]. It was found that those who had to work face-to-face with people experienced this syndrome more frequently and were shown as occupational groups (doctors, nurses, teachers, policemen, dentists, psychologists, childminders, etc.) [10]. In other words, burnout is more common in occupational groups based on intensive communication with people. Burnout is a state of negativity based on emotional, cognitive, physical

and behavioral phenomena exhibited by employees against the intense and constant stress experienced in these occupational groups [11]. Common burnout in areas that serve people directly; economic harm, employees leave work, the physician-patient relationship is damaged [12]. Employees encountered in this situation, chronic fatigue, disorders of the immune system, loss of motivation, headaches and sleep disorders, such as a number of physical; hopelessness, feeling pessimistic, feeling vulnerable and insecure, anger, intolerance; and dissatisfaction, negative attitudes towards his / her job, his / her personality and other people around him [13]. These and similar problems in the physical and psychological field have negative effects on the individual and cause the individual to lose his sense of achievement and self-esteem [14]. In which employees are feeling burnout, they come to the profession and cannot fulfill the requirements of the job situation. It is very difficult for the personnel working in an organization that is below the standards of work-life quality and have low motivation to work effectively and efficiently [15].

In general, although communication or burnout has been examined in the literature, a limited number of studies related to the operating room team have been found. Determining the relationship between the communication skills and burnout level of the team working in a complicated environment such as the operating room will guide future researches and maybe the communication skills will increase with the training to be given and the level of burnout and medical errors will decrease. This study aims is to determine the relationship between burnout levels and communication skills of the operating room team.

Methods

Study Design

This research was conducted using a descriptive relational model. The population of the study consisted of 430 people working in the operating theaters of four hospitals affiliated to The Istanbul Anatolian Northern Public Hospitals Association. The study was conducted with 158 participants considering the possibility of data losses and the possibilities of the research team. 34 anesthesia technicians, 98 nurses and 26 doctors volunteered to participate in the study.

The research was conducted by the researcher using a 9-item Personal Data Collection Form, a 45-item Communication Skills Inventory to measure communication skills, and the Maslach Burnout Inventory to measure burnout. These scales were used in the study because it was thought that they would express the communication skills and burnout level in the most accurate way. While the questionnaires were given to the volunteers, necessary explanations were made by the researcher and the participants were asked to fill the scales with sincerity.

Personal Data Collection Form

This form has been prepared by the researcher. In the form, 9 questions related to sociodemographic variables and working environment such as position, age, gender, marital status, education status, occupational working time, working time in the team, type of operation in the operating room and how the hospital operating room team evaluated communication skills are included.

Communication Skills Inventory (CSI)

Ersanli and Balci with which he developed CSI, developed three factors to identify individuals and communication skills is a Likert-type scale consists of 45 items [16]. They evaluate the communication skills of individuals in cognitive, behavioral and emotional dimensions. The questionnaire included 15 questions for each dimension. The evaluation of the Likert type inventory is done by marking each item on the scale as Always (5), usually (4), sometimes (3), rarely (2) and never (1).

Behavioral; it consists of 15 items. For example, I ask questions to better understand the person I am listening to.

Cognitive; it consists of 15 items. For example, at the end of the discussion, I can admit that the arguments I defended were wrong.

Emotional; it consists of 15 items. For example, when I listen to people, I feel bored.

Maslach Burnout Inventory (MBI)

In the study, BMI was used to determine the burnout perceived by the participants. The Turkish version of the scale was performed by Ergin, and the validity and reliability study was carried out by Çam [17,18]. The scale evaluates burnout in three sub-dimensions: emotional exhaustion, depersonalization, and personal accomplishment. Each question consists of a total of 22 items, five of which are five steps. The items in this scale are never scored 0, always 4 points. The scores that can be taken from the sub-dimensions of the scale vary between 0-36 for emotional exhaustion, 0-20 for depersonalization and 0-32 for personal achievement.

Emotional exhaustion subscale; It consists of nine items and defines the feelings of being over-consumed by business people.

Depersonalization subscale; It consists of five items, which means that a person behaves in a strict, cold, indifferent and emotion free manner towards the people he serves.

Personal achievement subscale; It consists of eight items and describes the feelings of seeing himself sufficient, successful about his work.

Higher EE and D subscale scores indicate burnout, whereas low subscale items in P subscale are in favor of burnout.

Data Collection

Before the start of the research, Maltepe University Ethics Committee received a permit. Besides, the necessary permission was obtained from the Istanbul Anatolian North Public Hospitals Association to research hospitals and questionnaire forms were distributed to the operating room team, who agreed to participate between 01.2018 and 02.2018. A total of 200 forms were distributed and 158 were returned. In the data collection, the participants were required to work in the operating room for at least 6 months and have not received any communication certificate.

Data Analysis

The data obtained from the study were analyzed and interpreted by SPSS (Statistical Package for the Social Sciences, 22.0). Number, percentage, mean, standard deviation and frequency tests were used for descriptive findings. Cronbach alpha internal consistency analysis was used to test the reliability of the scales used in the sample group. Spearman correlation analysis was used to evaluate the relationship between scale scores.

Results

Introductory Features

When the introductory characteristics of 158 people who accepted to participate in the study were examined, it was found that 62% of them were nurses, 16.5% of them were doctors and 21.5% of them were anesthesia technicians. The highest age group was 41.1% between the ages of 18 and 25, 62% of the participants were single, 52.5% of them were bachelor's degrees, 22.2% of them were graduate, 20.9% had an associate degree and 4.4% had health vocational high school graduate. It was found that 30.4% of the participants had more than 10 years of professional experience, 39.9% of them had less than 1 year of operation in the operating room, and 94.3% of them were working in the operating room willingly. It was found that 44.3% of the operating room staff evaluated their communication skills at an intermediate level (Table 1).

		n	%
Position in team	Anesthesia technician	34	21.5
	Nurse	98	62.0
	Doctor	26	16.5
Age	18-25	65	41.1
	26-33	49	31.0
	34-41	29	18.4
	42 ≥	15	9.5
Gender	Female	103	65.2
	Male	55	34.8
Marital status	Married	60	38.0
	Single	98	62.0
Education status	Health vocational high school graduate	7	4.4
	Associate Degree	33	20.9
	Bachelor's degree	83	52.5
	Postgraduate	35	22.2
Professional experience	< 1 yıl	46	29.1
	1-4 yıl	38	24.1
	5-9 yıl	26	16.5
	10 yıl ≥	48	30.4
Operating room experience	< 1 yıl	63	39.9
	1-4 yıl	31	19.6
	5-9 yıl	29	18.4
	10 yıl ≥	35	22.2
How to employ the operating room	Willingly	149	94.3
	Unwillingly	9	5.7
The evaluation of communication skills of the operating room team	Very good	18	11.4
	Good	50	31.6
	Middle	70	44.3
	Bad	20	12.7

Table 1: Distribution of Operating Room Team by Descriptive Characteristics (n = 158)

Burnout Level

When the mean scores of the operating room team from the burnout scale sub-dimensions were examined, emotional exhaustion was low with 15.6 ± 6.83 points, depersonalization was low with 5.19 ± 4.24 points and personal success was high with 21.83 ± 6.03 points. The total score of the operating room team on the burnout scale was 59.27 ± 12.64 . It is not meant to interpret the burnout scale total score alone (Table 2).

Dimensions	Bottom and Upper Values	Marked Bottom and Upper Values	X±SD
Emotional Exhaustion	0-36	1-34	15.60±6.83
Depersonalization	0-20	0-16	5.19±4.24
Personal Achievement	0-32	5-32	21.83±6.03
Total	0-88	14-81	59.27±12.64

Table 2: Distribution of the average score obtained from the Burnout Scale and Subscales of the Operating Room Team

The difference between the Maslach Burnout Scale scores was statistically significant according to the position, gender, marital status, and type of employment in the operating room ($p < 0.05$). The mean scores of women married and unwillingly employed people are higher. In the advanced analysis (LSD) to determine which groups the difference was due to the position within the team; the scores of the nurses were lower than the anesthesia technicians (Table 3).

	Descriptive Features	n	X vs SD	Test	P Significance
Position in team	Anesthesia technician	34	65.00±10.66	F=5.453	0.005
	Nurse	98	57.00±12.65		
	Doctor	26	60.31±12.90		
Gender	Female	103	61.83±11.84	t=3.614	0.000
	Male	55	54.47±12.81		
Marital status	Married	60	61.92±12.80	t=2.084	0.039
	Single	98	57.64±12.33		
How to employ the operating room	Willingly	149	58.60±12.36	t=-2.761	0.006
	Unwillingly	9	70.33±12.79		

Table 3: Comparing the General Score Average of Maslach Burnout Scale According to the Descriptive Characteristics of the Operating Room Team (n = 158)

Communication skills

Communication skills inventory scores are interpreted based on average scores. The mean scores of the operating room team from the communication skills inventory sub-dimensions were found to be normal with cognitive 31.92 ± 6.12 points, emotional high with 35.87 ± 7.04 points, and behavioral with 31.08 ± 6.76 points. The mean score of the operating room team from the communication skills inventory was 98.87 ± 17.74 points. (Table 4).

Dimensions	Bottom and Upper Values	Marked Bottom and Upper Values	X±SD
Cognitive	15-75	17-49	31.92±6.12
Emotional	15-75	20-50	35.87±7.04
Behavioral	15-75	16-51	31.08±6.76
Total	45-225	58-130	98.87±17.74

Table 4: Distribution of the average score of the operating room team in the Communication Skills Inventory and Sub-dimensions (n = 158)

The total score difference of the communication skills inventory is statistically significant according to the level of position, gender, professional experience in the team, experience duration in the operating room and the level of communication perceived in the work environment ($p < 0.05$). Men have a higher average score (Table 5).

In the advanced analysis to determine which group is the difference for the position within the team (LSD); the scores of the doctors were higher than the anesthesia technician and the nurses. In further analysis (Dunnet C) to determine which group the difference was due to the duration of professional experience; It was determined that the scores of the employees less than one year were lower than those of the employees of 5-9 years and more than 10 years. In the advanced analysis (LSD) to determine which group the difference was due to the duration of experience in the operating room; It was determined that the scores of the patients with less than 1 year of experience were lower than those of 1-4 years and 5-9 years. In the advanced analysis (LSD) to determine

which group the difference is due to the perceived level of communication in the work environment; the scores of those who evaluated as very good were lower than those who evaluated as good, moderate and bad.

	Descriptive Features	n	X vs SD		Test	P Significance
Position in team	Anesthesia technician	34	98.82	17.97	F=5.481	0.005
	Nurse	98	96.24	17.56		
	Doctor	26	108.85	14.95		
Gender	Female	103	95.28	17.90	t=-3.614	0.000
	Male	55	105.60	15.46		
Professional experience	< 1 yil	46	91.96	15.18	F=4.039	0.008
	1-4 yil	38	98.92	22.20		
	5-9 yil	26	104.27	12.11		
	10 yil ≥	48	102.54	16.96		
Operating room experience	< 1 yil	63	93.14	17.42	F=4.800	0.003
	1-4 yil	31	103.06	19.11		
	5-9 yil	29	106.31	13.64		
	10 yil ≥	35	99.31	17.32		
The evaluation of communication skills of the operating room team	Very good	18	86.56	21.75	F=4.086	0.008
	Good	50	98.64	15.47		
	Middle	70	100.49	17.10		
	Bad	20	104.90	17.50		

Table 5: Comparing the General Score Averages of Communication Skills Inventory According to Descriptive Characteristics of Operating Room Team (n = 158)

The total score difference of the communication skills inventory according to the age group, marital status, education level and the mode of employment to the operating room is not statistically significant (p>0.05).

Correlation analysis in which the operation room team were examined together;

There was a statistically significant, negative and low-level relationship between Maslach total score and cognitive, emotional, behavioral and skill total scores (p<0.05). As the Maslach total score increases, the total score of cognitive, emotional, behavioral and skill decreases. There was a statistically significant, positive and low-level relationship between emotional exhaustion score and cognitive, emotional, behavioral and skill total scores (p<0.05). As the score of emotional exhaustion increases, cognitive, emotional, behavioral and skill total scores increase. There was a statistically significant, positive and low-level relationship between depersonalization score and cognitive, emotional, behavioral and skill total scores (p<0.05). As for desensitization score increases, cognitive, emotional, behavioral and skill total scores increase. It was determined that there was a negative and medium level relationship between personal achievement score and cognitive and emotional scores, and negative and behavioral and skill total scores (p<0.05). As personal achievement score increases, cognitive, emotional, behavioral and skill total scores decrease (Table 6).

Maslach Burnout Inventory and Sub-dimensions		Communication Skills Inventory and Sub-dimensions			
		Cognitive	Emotional	Behavioral	Communication Skills Total
Maslach Total	r	-0.238	-0.334	-0.307	-0.332
	p	0.003	0.000	0.000	0.000
Emotional Exhaustion	r	0.386	0.244	0.331	0.357
	p	0.000	0.002	0.000	0.000
Depersonalization	r	0.535	0.395	0.316	0.461
	p	0.000	0.000	0.000	0.000
Personal Achievement	r	-0.468	-0.488	-0.509	-0.549
	p	0.000	0.000	0.000	0.000

Table 6: Correlation analysis between the Maslach Burnout Inventory and Sub-dimensions and Communication Skills Inventory and Sub-dimensions for the Operating Room Team (n = 158)

Discussion

In our country, it is seen that the studies about burnout in the health sector are generally conducted on nurses and physicians. For this reason, most of our comparisons were made through nurses and physicians.

In this study, it was found that the operating room team experienced emotional exhaustion and depersonalization at a low level and personal success at a high level. When we look at other studies in the literature, in a study on oncology nurses in Israel, more than 60% of the participants experienced emotional exhaustion, in a study on the burnout of intensive care nurses in Belgium, 23.7% of the nurses' low personal success, 10% and 9 were found to be high depersonalization and emotional exhaustion [19,20]. In studies conducted on physicians, emotional exhaustion and depersonalization were found to be normal and personal accomplishments were high [21,22]. When this study and other studies are examined, it is seen that depersonalization and emotional exhaustion are low and personal success is high in general [21-23].

It was found that there was a relationship between the positions of the participants in the team and the level of burnout, and anesthesia technicians experienced more burnout and emotional exhaustion than nurses. In a study conducted on the burnout level of 35,922 physicians working in the USA between 2011 and 2014, it was found that emotional exhaustion and depersonalization of physicians were high and personal achievement was low [24]. In a study examining the burnout level of nurses, it was found that emotional exhaustion was normal and depersonalization and personal success were high [25]. In a study conducted on the level of burnout of health workers, it was found that there was a relationship between employees' titles and emotional exhaustion [26].

In our study, it was seen that the communication skills of the operating room team were higher than the mean scale. In the other study results of the operating room team, communication skills were evaluated as good [27-29]. In research conducted on nurses, communication skills were found to be high [30,31]. When this study and other studies were examined, it was seen that communication skills were generally high.

In this study, it was found that there was a relationship between the communication skills and the communication skills and emotional and behavioral communication of the operating room employees. In the research conducted in the operating room team, the communication level of the nurses was found to be higher than the surgeons and anesthesiologists [27,32,33]. In a study conducted to evaluate preoperative communication, it was found that surgeons viewed communication more positively than anesthetists [34]. When the studies were examined, it was seen that nurses had higher communication skills in the health care team, while the communication skills of the doctors were found higher in this study. This is because the doctors participating in the study are in a higher age group than the nurses and the experiences gained.

In our study, when we look at the whole operating room team; it was seen that the burnout level decreased as communication skills level increased. In a study conducted in the intensive care team, burnout was found to negatively affect team communication [35]. In a study conducted in health care workers, burnout decreased as the communication level increased [36]. Again, as a result of another research conducted by providing communication skills training, it was seen that burnout decreased [37]. When the studies are examined in general, it is seen that there is a relationship between burnout level and communication skills level.

As a result of the study conducted to find out the relationship between the communication skills and burnout levels of the operating room team, the burnout level decreased as the communication skills increased. This can be explained by the fact that the research participants can express themselves better as their communication skills improve so that they can solve their problems more easily and experience less burnout.

Study Recommendations

As a result of the evaluation of the data obtained in the research;

1. Developing and making more effective communication skills training given during vocational education periods.
2. Increasing communication training especially during anesthesia technicians and doctors during vocational training periods.
3. Providing in-house training for communication skills.
4. Improving the working conditions in order not to increase the burnout level.
5. Researching other occupations and sectors related to burnout level and communication.
6. It is recommended to increase the number of researches, especially on anesthesia technicians.

Limitations of the Study

It was assumed that the employees participating in this study read and responded to the questionnaires and scales objectively.

1. The sample of this study is limited to the employees of the four hospitals affiliated to the Northern Anatolian Public Hospitals Association of Istanbul Anatolian Side due to reasons such as time limitation and inability to obtain institutional permission.
2. The data of the study were limited to the information obtained by the Maslach burnout scale and communication skills inventory.
3. It was limited due to the small number of people who agreed to participate in the study.

References

1. Makary MS (2006) Patient Safety in Surgery. *Annals Surg* 628-35.
2. Koras KO (2015) The Effects of Surgical Physicians on Nervous Behaviors of Nurses in the Operating Room. *Gümüşhane Univ J Health Sci* 4: 502-15.
3. Alcan ZT (2012) Patient Safety Nurse's Role in Unexpected Events. İstanbul: Nobel medical bookstore.
4. Karabulut NÇ (2017) Difficulties and Motivation Levels Faced by Nurses Working in Surgical Clinics in Patient Care. *J Anatolia Nurs Health Sci* 14: 14-23.
5. Eroglu E (2013) Effective Communication Techniques. Eskişehir: Sarraf Publications.

6. Azami-Aghdash SA, Azar FE, Rezapour A, Azami A, Rasi V, et al. (2015) Patient safety culture in hospitals of Iran: a systematic review and meta-analysis. *Med j Islamic Republic Iran* 29: 251.
7. Dunn SW (2005) Perceptions of working as a nurse in an acute care setting. *J Nurs Manage* 13: 22-31.
8. Borkowski ND (2009) *Stress in the Workplace and Stress Management*. Organizational Behav Health Care. Miami: Jones and Bartlett Publishers.
9. Demirel Y, Tohum EU, Kartal O (2017) The Effect of Burnout on Organizational Commitment: Research on Nurses Working in a University Hospital. *Kastamonu Univ J Faculty Econ Administrative Sci* 18: 444-60.
10. Erdogan Ö (2016) *Burnout in Work Life and Job Satisfaction (Master Thesis)*. Beykent Univ Inst Social Sci Istanbul.
11. Nachbagaer A G, Riedl G (2002) Effects of Concepts of Career Plateaus on Performance, Work Satisfaction and Commitment. *Int J Manpower* 23: 716-33.
12. İlnem NY (2008) Burnout, job satisfaction and their relationship with various variables in psychiatrists working in Istanbul. *Dusunen Adam-J Psychiatry Neurol Sci* 21: 4-13.
13. Naktiyok A, Karabey CN (2005) *Workaholic and Burnout Syndrome*. Atatürk Univ J Eco Administrative Sci 19.
14. Ardic K (2009) Burnout syndrome and the other side of the coin: work integration . *Erciyes Univ Faculty Econ Administrative Sci J* 32: 21-46.
15. Kılıç RKA (2012) Research on the Effect of Quality and Motivation on Work Life in Health Workers. *Afyon Kocatepe Univ J Faculty Econ Administrative Sci* 14: 147-60.
16. Ersanlı KB (1998) Development of Communication Skills Inventory: Validity and Reliability Study. *Turkish Psychol Counseling Guidance J* 7-12.
17. Ergin C (1992) Adaptation of burnout and maslach burnout in doctors and nurses. VII. National Psychology Congress Scientific Studies. Ankara: Turkish Psychol Assoc Publ 6.
18. Cam O, Engin E (1998) Investigation of Burnout Syndrome in Nurses. Izmir: Ege Univ Inst Health Sci, Unpublished PhD Thesis.
19. Vermeir PD (2018) Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave: A questionnaire study. *Intensive Crit Care Nurs*.
20. Emold CS (2011) Communication skills, working environment and burnout among oncology nurses. *Eu J Oncol Nurs* 358-63.
21. Hursitoglu O (2012) The Factors Affecting Burnout Syndrome and The Relationship Between Burnout Snedromy and Defense Forms in Physicians Working as Research Assistants. *Kahramanmaraş: Kahramanmaraş Sutcu Imam Univ Specialist Thesis Med*.
22. Armutlukuyu M, Tezi TU (2014) Evaluation of burnout levels in faculty and research assistants working in medical faculties. Konya: Selcuk Univ Faculty Med Family Med specialty thesis.
23. Armutcuk A (2010) *Burnout Syndrome and Associated Variables in Non-Physician Health Personnel Working in Denizli State Hospital*. Denizli: Pamukkale Univ Master Thesis.
24. Shanafelt TH (2015) Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clinic Proc* 90: 1600-13.
25. Akyuz I (2015) Examination of burnout and depression levels of nurses in terms of working conditions and demographic characteristics. *J Bus Econ Stud* 3: 21-34.
26. Akbolat M I (2008) Burnout Levels of Health Workers: A Public Hospital Case. *J Health Administration* 11: 229-54.
27. Onler EY (2018) Evaluation of the communication skills of operating room staff. *J Interprofessional Educ Pract* 10: 44-6.
28. Siamian HBN (2014) Assessment of interpersonal communication skills among Sari Health Centers' staff. *Mater Sociomed* 26: 324-8.
29. Zhu JL (2016) Variations in patient safety climate in Chinese hospitals. *J Patient Saf* 00: 1-8.
30. Kaya NK (2010) Burnout in Nurses Working in a State Hospital. *Int J Human Sci* 7: 410-9.
31. Sen HT, Yılmaz FT, Ünüvar OP (2013) Communication Skill Levels of In-Service Training Nurses. *J Psychiatric Nurs* 4: 13-20.
32. Wheelock AS (2015) The impact of operating room distractions on stress, workload, and teamwork. *Ann Surg* 261: 1079-84.
33. Karadag MI (2015) Developing Communication Skills of Physicians and Nurses. *Gazi Univ J Econ Administrative Sci* 17: 160-179.
34. Cruz SA, Idowu OA, Alisha Ho, Lee MJ (2019) Differing perceptions of preoperative communication among surgical team members. *Am J Surg* 217: 1-6
35. Galetta MP (2016) Relationship between fob burnout, psychosocial factors and health care associated infections in critical care units. *Intensive Crit Care Nurs* 51-57.
36. Goodman MJ, Schorling JB (2012) A Mindfulness Course Decreases Burnout and Improves Well-Being among Healthcare Providers. *Int J Psychiatry Med* 43: 119-28.
37. Ozturkcü OS, Sertöz OO, Gökengin GB, Gulbahar O, Sagin H, et al. (2018) Is it possible to decrease the burnout level of hospital office staff by communication skills training using therapy techniques? *Dusunen Adam J Psychiatry Neurol Sci* 31: 61-71.