Reducing Preoperative Anxiety in Surgical Patients through the Use of Effective Communication Techniques

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Abstract

Preoperative anxiety is the anxiety experienced by surgical patients during the time they wait to be taken into the operating room, and the physical effects of preoperative anxiety increase surgical patients' risk of complications during the intraoperative and postoperative periods. The complications associated with preoperative anxiety can be avoided by medical professionals using effective communication techniques during the preoperative period. This research study evaluates the effectiveness of local hospitals' current efforts to reduce preoperative anxiety and seeks to identify the areas in which these efforts are lacking by conducting interviews with medical professionals from Simi Valley and Thousand Oaks, California, and by evaluating relevant studies provided by Studer Group researchers. The results ultimately indicate that the standardization of communication within the hospital staff and between medical professionals and patients significantly reduces patient anxiety, specifically through the implementation of communication frameworks. This research concludes that mandating communication framework training that includes all medical professionals could improve the success of standardized communication in hospitals, and the introduction of a clinical hospital psychologist could also provide patients an opportunity to communicate apprehensions and reduce preoperative anxiety.

Reducing Preoperative Anxiety in Surgical Patients through the Use of Effective Communication Techniques

Introduction

Aspects of the surgical environment can provoke anxiety for surgical patients, who may experience unfamiliarity, uncertainty, and vulnerability, contributing to the overall apprehension felt when entering the operating room. The impact of preoperative anxiety on surgical patients goes beyond the preoperative period and affects the entire perioperative experience. It is imperative to implement methods aimed at reducing preoperative anxiety in the surgical environment to ensure that patients receive the best care that hospitals can offer.

Surgical patients, according to a study conducted by researchers from St. Vincent's University Hospital in Dublin, Ireland, experience more anxiety in the preoperative period than any other time during the surgical process, making it the most critical time for interventions to lessen anxiety (Carroll, J. K., Cullinan, E., Clarke, L., & Davis, N. F., 2013). During the preoperative period, patients have the opportunity to consider perceived risks of the surgery and possible unfavorable outcomes. These catastrophizing thoughts may cloud patients' thinking and prevent them from remembering key information regarding their operation, such as the anesthesiologist's explanation of the anesthesia or pain medication.

Anxiety during the preoperative period manifests itself both psychologically and physiologically. As stated by Chassidy Davis-Evans, staff nurse at Murray Medical Center in Chatsworth, Georgia, some physical symptoms of preoperative apprehension include increased blood pressure (hypertension), increased heart rate (tachycardia), increased respiratory rate

(hyperventilation), and cardiac arrhythmias (Davis-Evans, 2013). These physical symptoms of anxiety adversely affect the outcome of surgery and increase the risk of complications.

Difficulties that may arise due to symptoms of preoperative anxiety, as contended by Nigussie, S., Belachew, T., and Wolancho, W. from the College of Medical and Health Sciences, Samara University, Ethiopia, are autonomic fluctuations (fluctuations in functions regulated by the autonomic nervous system, such as blood pressure and heart and breathing rates), coughing and "delayed jaw relaxation" during induction of anesthesia, difficult venous access, and the need for more anesthesia to be administered (Nigussie, S., Belachew, T., & Wolancho, W., 2014). Such complications during surgery, which are experienced in 60 to 80 percent of surgical patients, often result in increased postoperative pain and analgesic requirements, nausea or vomiting while waking from anesthesia, prolonged recovery time, and elevated risk of infection.

Literature Review

To prevent unfavorable patient outcomes due to preoperative anxiety, medical professionals that interact with surgical patients during the preoperative period must utilize this opportunity to assess and accommodate for the patient's anxiety and stress levels. One method of alleviating preoperative anxiety is the use of effective communication techniques.

Deliverance of Information

Surgical patients have a great deal of information to consider before going into a procedure, and this may be overwhelming to some. There are, however, ways to present this information in a way that makes it easier for the patient to understand. An excess of unfamiliar medical terminology, according to Haugen et al from the Department of Anesthesia and Intensive Care in Bergen, Norway, provokes an onset of anxiety, making it difficult for the

patient to focus on and comprehend critical information regarding their procedure (Haugen et al, 2009). Instead, asserts Haugen et al, medical professionals that come into contact with the patient prior to the operation must explain details of the procedure in simple terms and small increments, repeating information and allowing the patient to ask questions when necessary.

The time set aside for allowing the patient to seek clarification of different aspects of the procedure is also an opportunity for medical professionals, especially anesthesiologists, to resolve the patient's misconceptions associated with the operation. According to Dr. Mark Mitchell from University of Salford, United Kingdom, patients' perceptions regarding anesthesia are often "distorted," leading to the development of misapprehensions (Mitchell, 2008). Common "unfounded" fears include seeing one's body cut open, waking too early from the anesthesia, or feeling the surgeon. When meeting with the patient in the preoperative period, anesthesiologists and the nursing staff have the opportunity to dispel these misinterpretations and thus reduce preoperative anxiety.

Medical professionals can address misapprehensions by educating the surgical patient on the intraoperative events. One method of doing so is referred to as "anesthetic information provision." The anesthesiologist is responsible for offering information and explanations to the patient before they are taken into surgery, such as the sequential order of events, how long the anesthetic will last, and how long numbness will last (Mitchell, 2008). The patients in Mitchell's study, however, exhibited reduced symptoms of anxiety when the nursing staff reinforced the information provided to them by the anesthesiologist. Understanding what to expect during the intraoperative period gives the patient a sense of comfort and certainty, but when different medical professionals provide the patient with deviating facts, they may be unsure of what to

anticipate. Anesthesiologists and nurses, therefore, must not only communicate with the patient, but also with each other also in order to ensure the patient is receiving consistent information.

Communication Frameworks

Effective communication between medical professionals and patients, and also between the different medical professionals, is integral to the success of any hospital, and what benefits both medical professionals and patients alike is the implementation of a communication framework. A coordinated method of communication that encourages symmetry of information between medical professionals and appropriate delivery of information to patients improves the "economic performance" of the institution because it results in increased patient satisfaction (Aguerrebere, 2015). When all medical professionals that interact with surgical patients are trained in a strategic method of communicating with patients and each other, information conveyed across all parties is more likely to be accurate, uniform, and practical.

The established and coordinated communication skills associated with a communication framework help facilitate medical professionals in managing the conditions of their patients and allow them to address any anxiety by using proper communication techniques. Medical professionals trained to recognize the purpose of effective communication during staff-patient interactions are capable of adapting a patient's environment by being mindful of stressors (Mahmoudi, 2010). Communication frameworks promote clear deliverance and uniformity of information presented by hospital staff, decrease miscommunications between medical professionals and patients, and encourage practitioners to address causes of preoperative anxiety and accommodate to decrease environmental stressors.

One communication framework commonly used in hospitals today in order to inform and communicate with patients is called AIDET®[1]. Developed by Studer Group as a communication framework for hospitals, it aims to modify how medical professionals interact with patients and each other. The acronym stands for the following: **Acknowledge** (the way one greets a patient and acknowledges friends or family members present), **Introduce** (the introduction which includes providing the patient with one's "skill set, professional certification, and experience"), **Duration** (the expectation for tests or updates and the identification of the next steps to be taken), **Explanation** (the explanation of the impending process and the allowing of the patient to ask questions), and **Thank You** (the expression of gratitude for the patient's cooperation and/or choosing of the hospital, and also the appreciation for the friends or family members supporting the patient) (Rubin, 2014). Because patients become well informed and understand their care, this method of connecting with the patient on a personal level improves patient compliance and clinical outcomes by decreasing patient anxiety.

As customer service is becoming increasingly critical in the medical practice, patients, according to a survey conducted by researchers at Vanguard Communications, are more likely to complain about a medical professional's "bedside manner" than their actual level of skill in their profession (Reese, 2014). Patients want to feel comfortable. To promote a more pleasant hospital experience for surgical patients, AIDET provides medical professionals with a systematic method of interacting with patients in a way that is conducive to reducing anxiety.

Regarding the standardization of communication between medical professionals, some hospitals have adopted the SBAR or SBARQ framework. The protocol, according to the Institute

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for Healthcare Improvement, provides a structured method of framing conversations requiring clinicians' attention concerning a patient's condition and is conducive to a "culture of patient safety" (SBAR Tool: Situation Background Assessment Recommendation, 2018). The acronym stands for the following: **Situation** (statement of the issue at hand), **Background** (information relevant to the situation), **Assessment** (considered options to address the situation), **Recommendation** (recommended next steps to take), and possibly **Question** (offer to discuss any questions) if a hospital uses the adapted SBARQ framework. Ensuring that communication among hospital staff is consistent, especially when medical professionals are having interactions with patients during the preoperative period, is imperative because patients may feel an onset of anxiety when there is discrepancy in the information provided to them from different professionals.

This research study will evaluate how hospitals have aimed to reduce preoperative anxiety in surgical patients by using effective communication techniques. Efforts aimed at decreasing preoperative anxiety are vital to improving the surgical patient's perioperative experience and postoperative recovery. By investigating how hospitals have implemented methods of decreasing patient anxiety during the preoperative period, this project will aim to answer the following: "What are hospitals currently doing to combat preoperative anxiety, what are the outcomes of these efforts, and what further action can hospitals take?" Some hospitals, such as Adventist Health Simi Valley in Simi Valley, California, have adopted Studer Group's AIDET as a communication framework; others, such as Los Robles Hospital and Medical Center in Thousand Oaks, California, have established the SBARQ protocol as a framework for communication among hospital staff. But are these efforts actually successful? The goal of this

project is to address what current methods to reduce preoperative are lacking and how else hospitals can reduce surgical patients' preoperative anxiety. Evaluating hospitals' current efforts at targeting preoperative anxiety will contribute to the research conversation regarding the feasibility of communication frameworks and provide new ideas on how else hospitals can address the causes of the anxiety.

Method

To evaluate hospitals' efforts in reducing preoperative anxiety in surgical patients by the use of effective communication techniques, research was performed through both the analysis of data collected by professionals from Studer Group as well as the evaluation of personal interviews (interview questions in Appendix) involving medical professionals Gene Adamos, Director of Perioperative Services at Adventist Health Simi Valley, and Dr. Brian Supple, board-certified general surgeon from Thousand Oaks, California.

Compiled Data Presented by Studer Group

The compiled research studies provided by Studer Group researchers that support the use of effective communication techniques in hospitals were conducted by medical researchers nationwide and published in the following journals: *Pain Management Nursing, American Journal of Medical Quality, PLOS ONE, Journal of Hospital Medicine, Journal of General Internal Medicine,* and *Western Journal of Nursing Research.* Studer Group's literature reviews of these studies ultimately conclude that communication between nurses and patients affects patients' perception of pain management, standardized communication and demonstrating empathy correlate with improved Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey scores, structured communication results in decreased readmissions

and improved patient outcomes, and the effects of system-wide, relationship-centered communication skills are self-efficacy, reduced physician burnout, and improved physician empathy and patient satisfaction scores.

A method of gauging patients' perceptions of quality of care used throughout the studies is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. Administered to patients via mail, telephone, some combination of mail and telephone, or Active Interactive Voice Response, the HCAHPS Survey is used to produce "comparable data" regarding the patient's perspective that allows for "objective and meaningful comparisons between hospitals;" and the public reporting of survey results establishes an incentive for hospitals to improve the quality of the care they provide and serves to enhance "public accountability" in health care (CAHPS® Hospital Survey, 2018). A survey such as HCAHPS standardizes the assessment of healthcare quality and covers topics such as communication about medicines, communication with doctors, communication with nurses, discharge information, pain management, and responsiveness of hospital staff.

Qualitative Data

Subjects interviewed were selected based on their experience with surgical patients in the preoperative environment. Hospitals directly involved in or affiliated with the research collection include Adventist Health Simi Valley, Los Robles Hospital and Medical Center, Los Robles Surgery Center, Specialty Surgical Center of Westlake Village, and Thousand Oaks Surgical Hospital. The purpose of interviewing medical professionals was to discover their respective hospitals' current efforts to address preoperative anxiety as well as their own personal views on what current efforts are lacking. Though only two medical professionals out of the ones that were

contacted contributed to the research (as others declined participation due to confidentiality concerns), and the gathered perspectives regarding preoperative anxiety are limited, Adamos and Supple provide key insight to future efforts to be considered by hospitals to reduce preoperative anxiety, as they have first-hand experience dealing with the issue.

Results

As previously stated, the use of effective communication techniques during the preoperative period reduces surgical patient anxiety, which results in a decreased risk of difficulties in the intraoperative period and an improved postoperative recovery. Research studies compiled by Studer Group provide the evidence that suggests such a conclusion.

Studer Group is an organization associated with Huron whose goal is to "make healthcare better–for employees to work, physicians to practice medicine and patients to receive care" (About Studer Group, 2018). The company has developed communication and execution frameworks designed to help healthcare organizations work effectively and efficiently, such as AIDET or Evidence-Based Leadership (EBL). Mary Ellen Lott, Studer Group researcher, provided a literature review of the studies that the company uses to justify the need for effective communication in the hospital setting.

Evaluation of Studer Group Literature Reviews

The studies show that hospitals whose medical professionals use standardized communication and demonstrate empathy have a correlation with improved HCAHPS scores, and structured communication between nurses and patients affects patients' perception of pain management and results in decreased readmissions and improved patient outcomes.

The studies support six aspects of effective communication used in hospitals, which include the following: communications between nurses and patients are predictive of patients' perception of pain management and care; standardized communication correlates with improved HCAHPS scores regarding physician communication; implementation of physician training in effective communication significantly improves patients' perceptions of the physician; demonstrating empathy correlates with higher HCAHPS scores regarding doctor communication and respect; training in relationship-centered communication skills improves patient satisfaction scores, physician empathy, and self-efficacy; and structured communication reduces readmissions and improves patients' outcomes.

Nurse-patient communication. Nurse-patient communications are highly predictive of patients' perception of pain management. Researchers from the William F. Connell School of Nursing at Boston College conducted a research study that examined factors associated with patients' perception of pain management based on analysis of HCAHPS Survey results from hospitals in New York, California, and Massachusetts (Shindul-Rothschild, J., Flanagan, J., Stamp, K. D., & Read, C. Y., 2017). The results conclude that factors associated with improved patient perceptions of pain control include a higher number of hospitalists, nursing staff, and registered nurses, and the factors that made patients more likely to report poor pain control include poor nurse communication, not receiving help when they requested, and poor medication education. Information provided to patients as well as the way that information is communicated impact how patients perceive their care.

Standardized communication and HCAHPS scores. Standardized communication correlates with improved physician communication HCAHPS scores. Researchers from the

University of Utah, Salt Lake City set out to investigate the impact of standardized communication intervention on improving physician communication. All patients involved were eighteen years of age or older and were admitted to the University of Utah Health Care in Salt Lake City (excluding obstetrics, psychiatric, and rehabilitation patients) from July 1, 2012, to June 31, 2014 (Horton et al., 2017). The results of the study concluded that the percentage of patients who answered positively to all HCAHPS questions regarding physician-patient communication increased from 56 percent to 63 percent for the intervention group. Ultimately, patients reported better physician communication skills on the HCAHPS Survey after implementing standardized communication.

Patients' perception of physician. Patients' perceptions of the physician explaining their condition in ways they can understand and the overall hospital rating improve significantly after implementation of physician training in physician-patient communication skills. A team of researchers from the Hofstra-Northwell School of Medicine in Manhasset, New York, conducted a study to investigate whether an intervention that focuses on "multidisciplinary patient-centric care" and physician awareness and education would affect patients' perceptions of physician communication and overall hospital ratings (Stein, 2017). They evaluated 2014 and 2015 HCAHPS Survey responses from the university hospital and concluded that the implantation of the intervention model resulted in patients reporting improved understandability of the physicians' explanations and a higher overall rating of the hospital. These results suggest an incentive for other institutions to adopt similar protocols to improve patient experience.

Demonstrating empathy and HCAHPS scores. Physicians demonstrating empathy toward patients correlates with higher doctor communication and respect HCAHPS scores. In a

study conducted by professionals from the Cleveland Clinic in Ohio, the researchers investigated whether communication skills from implementing the "Four Habits Coding Scheme" (4HCS) affect HCAHPS scores. The 4HCS is an instrument used to measure physician communication skills based on four communication habits: empathy, showing interest in the patient's perspective, and investing in both the beginning and end of patient interactions (Velez et al., 2017). While not all four aspects of 4HCS significantly improved HCAHPS scores, when excluding patients attended to by multiple hospitalists, the results show that there is a correlation between empathy and the HCAHPS doctor respect and communication scores. Medical professionals that demonstrate respect in the form of empathy allow for mutual physician-patient understanding and improve the patients' perceptions of the care they receive.

Relationship-centered communication and patient satisfaction. System-wide, relationship-centered communication skills training improves patient satisfaction scores and improves physician empathy, self-efficacy, and physician burnout. Researchers from the Cleveland Clinic in Ohio conducted an observational study to examine the impact of physician communication skills training that focus specifically on relationship-centered communication on patient experience and satisfaction. Consisting of patients and physicians from an academic multidisciplinary medical center from August 2013 to April 2014, the study involved measuring the success of the communication training by evaluating results from the HCAHPS Survey, the Jefferson Scale of Empathy (JSE) for patients to rate how their physicians demonstrate empathy, the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) Survey (similar in nature to the HCAHPS), and the Maslach Burnout Inventory (MBI) to measure physician burnout (Boissy, 2016). The results conclude that CGCAHPS scores

for physician communication and HCAHPS scores for both physician respect and physician communication were significantly higher for professionals who had undergone the communication skills training compared to those who had not. The participating physicians showed improvement in empathy and burnout and reported high course satisfaction. Essentially, the implementation of system-wide communication skills training that focuses on building relationships with patients improves patient satisfaction scores and results in increased empathy and self-efficacy for medical professionals involved, though there is a lack of research regarding the long-term sustainability of such of interventions.

Structured communication and improved patient outcomes. Structured communication among hospital staff reduces readmissions and improves patient outcomes. As stated by researchers from Baptist Healthcare (Desoto, Mississippi), Healthcare Practice Transformation (Grapevine, Texas), and Mississippi State University, Jackson, different professionals that interact with the patient must have situation awareness and an understanding of the patient's condition by establishing structured and consistent communication (Townsend-Gervis, M., Cornell, P., & Vardaman, J. M., 2014). To standardize communication among staff, the study focused on the SBAR framework and evaluated the impact of establishing SBAR on patient satisfaction, compliance of Foley catheter removal, and readmissions. Throughout a three-year period, patient satisfaction scores increased, though not significantly, Foley compliance increased from 78 percent to 94 percent, and readmissions went from 14.5 percent to 2.1 percent. These results suggest that standardized, consistent communication between medical professionals benefits patients by increasing patient compliance and reducing readmissions.

The Research that Supports AIDET®[2]

Studer Group considered the above information that provides evidence to the effectiveness of using certain communication techniques in hospitals and incorporated them into the development of AIDET. The framework, according to Mary Ellen Lott, Studer Group researcher, organizes five aspects of effective communication into the acronym, keeping in mind the following: patients' rating of care significantly correlates with their physician's communication skills; formal greeting is important because the majority of patients want their physicians to shake their hand and address them by their name; factors that encourage trust in a physician include the physician listening, providing the patient with as much medical information as they desire, and informing patients of what to do if symptoms continue, worsen or return; physician behaviors that contribute to patient adherence to care result in improved clinical outcomes because excellent communication between the patient and the provider improves adherence to medication regimens, and patients who do not comprehend all aspects of their disease or the importance of their treatment are less likely to adhere to the treatment plan; there is a relationship between patient satisfaction, complaints and lawsuits; and physicians with lower patient satisfaction results are more likely to have patient complaints, the majority of which are related to communication issues (Lott, 2017).

As previously stated, greeting a patient and acknowledging them gives them a sense of importance and paves the way for the development of understanding and mutual trust (Lott, 2017). This is the reasoning behind the "A," or **Acknowledge** in AIDET. The "I" for **Introduction** is similar in nature; medical professionals formally introducing themselves allows

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for relationships to build more easily. As for "D" (**Duration**) and "E" (**Explanation**), there is significance in providing surgical patients with a clear understanding of information regarding their procedure. Miscommunication provokes anxiety, but it can be prevented. And finally, the "T" for **Thank You** is a necessary component of both AIDET and courteous communication in general. Medical professionals who more frequently express gratitude enhance patients' perception of care, and the gratitude correlates with physical, psychological, and social benefits, including decreased blood pressure (which alleviates a physical symptom of anxiety), improved management of stress and anxiety, and the development of an interpersonal relationship (Lott, 2017). Medical professionals expressing gratitude creates for the patient an environment of trust and reduced anxiety.

Studer Group created a survey for hospitals that use AIDET to collect feedback about the outcomes of using it. The survey was designed in 2007, and data was collected both before and six months after the initial implementation of AIDET (Studer Group, 2007). Of the 68 respondents, with 53 percent being Studer Group Partners, results show that, over the six month period, patients' perception of care improved for inpatients, outpatients, and emergency department patients, and the number of patient complaints decreased. Medical professionals that use effective communication techniques to decrease preoperative anxiety also reduce the negative effects of this anxiety, improving patient outcomes.

The different components of AIDET are versatile and can be adapted to varying situations. In fact, other communication frameworks have components that overlap and include some of the AIDET acronym, such as "A" (**Acknowledge)** or "E" (**Explanation**). But even if a hospital does not implement AIDET or a different communication framework, medical

professionals that interact with surgical patients during the preoperative period should use the techniques covered by a communication framework to reduce patients' anxiety and discomfort.

Local Hospitals' Current Efforts

When investigating hospitals' efforts to decrease patient anxiety, it is imperative that the effectiveness of these efforts can be measured. If it cannot be measured, it cannot be improved.

To evaluate the effectiveness of strategies implemented with the goal of reducing preoperative anxiety, hospitals throughout Thousand Oaks and Simi Valley, California, have methods of determining if their efforts have been successful. Hospitals throughout the United States distribute and analyze the results of the HCAHPS Survey, including Adventist Health Simi Valley. Doctor-patient communication affects HCAHPS scores and overall hospital ratings, as almost half of the survey question categories have to do with communication and deliverance of information. The survey, for example, asks patients to rate how well aspects of the procedure were explained or if the anesthesiologist talked to the patient before the surgery to explain what to expect in the intraoperative and postoperative periods.

The results of the HCAHPS Survey demonstrate a hospital's success in establishing effective communication with patients. As stated by Gene Adamos, Director of Perioperative Services at Adventist Health Simi Valley where the AIDET framework has been implemented, the HCAHPS Survey is a "key indicator" that the hospital staff is actually practicing AIDET (Adamos, 2018). It holds medical professionals accountable by gauging their success in properly utilizing communication skills with patients.

Another way Adventist Health Simi Valley regulates how the hospital staff is complying to the implemented methods of decreasing patient anxiety is something called AIDET rounding.

Using a Studer Group rounding tool, the hospital calculates the total percentage of employees that are trained in and properly using AIDET. They evaluate the nurses and technicians that have been trained to use AIDET to see if they are interacting with patients in a way that is conducive to reducing anxiety and making their environment as comfortable as possible, which would mean using all components of the framework. The rounding assesses the hospital staff and shows who is properly addressing all elements of the acronym. Communication frameworks such as AIDET only work when all components are demonstrated.

Other hospitals, such as Los Robles Hospital and Medical Center, have implemented the SBAR or SBARQ framework for the standardization of communication between medical professionals. According to Dr. Brian Supple, MD FACS and board certified general surgeon (affiliated with Los Robles Hospital and Medical Center, Adventist Health Simi Valley, Los Robles Surgery Center, Specialty Surgical Center of Westlake Village, and Thousand Oaks Surgical Hospital), Los Robles Hospital and Medical Center has encouraged staff to use the SBARQ format for communicating with each other (Supple, 2018). He believes that having a standard way for framing clinical conversations prevents miscommunications that could upset the patient, which affirms Mitchell's previously mentioned research proving miscommunications provoke patient anxiety. Surgical patients feel more comfortable if they get the impression that all medical professionals are "on the same page" as far as information regarding their procedure (Supple, 2018; Mitchell, 2008). Personally, Supple prefers that nurses working with him and the surgical patients refrain from asking questions in front of the patient, for this could lead the patient to believe that the professionals operating on them may be unsure of the procedure, which

makes patients nervous. As a surgeon, he aims to establish an environment of assurance and trust.

Discussion

The purpose of this section is to discuss the limitations and implications of this research, primarily the limitations of communication frameworks and proposed future considerations for hospitals to decrease preoperative anxiety.

Limitations of Communication Frameworks

Communication frameworks such as AIDET only work best when *all* medical professionals cover *all* elements of the framework. One problem with the implementation of AIDET in hospitals is that not all medical professionals that come into contact with surgical patients are specifically trained in the effective communication techniques. At Adventist Health Simi Valley, for example, only the nurses and technicians have had AIDET training. Anesthesiologists and surgeons, according to Adamos, have not had AIDET training, and it shows in HCAHPS scores (Adamos, 2018). These are the professionals responsible for explaining to patients what to expect during the intraoperative and postoperative periods; if they do not communicate this information in a way that promotes an environment of comfort and consistency of understanding, they are not approaching the surgical patients with the proper communication techniques that are conducive to reducing preoperative anxiety.

In the future, the vision of Adventist Health Simi Valley is to expand the implementation of AIDET training to include anesthesiologists and surgeons. Training 100 percent of medical professionals that come into contact with surgical patients to communicate effectively should be the goal of all hospitals, though it is not currently a reality.

Future Efforts to Decrease Preoperative Anxiety

Aside from including all medical professionals (not just nurses and technicians) in communication framework training, there other means of reducing preoperative anxiety that should be considered by hospitals. Los Robles Hospital and Medical Center has established the SBARQ framework as a recommendation, according to Supple; it is only a suggestion for medical professionals and has not officially been implemented in a way that mandates training for everyone (Supple, 2018). He says that it is important to regulate conversations and decrease miscommunications in the clinical environment, and Mitchell's study mentioned in the **Literature Review** confirms this as well, so hospitals should consider establishing SBAR, SBARQ, or any other communication framework intended for communication between medical professionals as a requirement (Supple, 2018; Mitchell, 2008). Miscommunications and differing information regarding impending operations provokes an onset of preoperative anxiety, so any efforts to prevent such occurrences would benefit surgical patients.

Hospitals may also consider incorporating a clinical hospital psychologist into the team of medical professionals that interact with patients in the preoperative period. None of the hospitals involved in or affiliated with this study allow patients access to a professional with training in psychology, but both Adamos and Supple agree that, at least for larger hospitals, a clinical hospital psychologist would benefit patients and provide for them a way to communicate concerns and reduce any anxiety.

To help equip medical professionals with the education they need to understand preoperative anxiety and how to accommodate for it, medical students should be exposed to specific classes regarding effective communication with patients while they are in medical

school. As a surgeon, Supple recalls that his experience in medical school included no classes regarding proper communication or patient anxiety (Supple, 2018). Because educating medical professionals that work with surgical patients about communicating information in a way that promotes an environment of reduced anxiety and stress is vital to improving a patient's entire perioperative experience, institutions should consider incorporating such topics into the medical school curriculum they offer.

Ultimately, because of the negative effects associated with preoperative anxiety in surgical patients, such as complications during the intraoperative and postoperative periods, it is necessary for medical professionals that interact with patients during the preoperative period to use effective communication techniques to provide an environment conducive to reducing anxiety and improving the patient's perioperative experience.

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Appendix

Preoperative Anxiety in Surgical Patients Interview Questions

1. What has your hospital implemented as an effort to reduce preoperative anxiety in surgical patients and improve patient experience?
2. Have medical professionals such as circulating nurses and anesthesiologists been trained in some sort of communication framework?
3. What kind of training do you provide to medical professionals regarding patient interactions and customer service?
4. Who comes into contact with the patient prior to surgery?
    a. Are patients given the opportunity to meet with a clinical hospital psychologist prior to surgery?
5. Are you familiar with AIDET®?
    a. If not, something like it?
6. Does your hospital use AIDET®?
    a. If yes,
        i. Has it been beneficial?
        ii. How do you know/how have you gauged its success (or lack thereof)? Does your hospital participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey?
        iii. Who all was trained in AIDET®? Nurses, surgeons, volunteers, . . . , etc.?
    b. If no,
        i. Why not?

ii. Do you use a different communication framework?

iii. Do you think your hospital may consider implementing AIDET® or a similar communication framework in the future?

7. Does your hospital use SBAR or some kind of communication framework for maintaining consistency of information between medical professionals?
8. What do you feel could be done to further make efforts to reduce patients' anxiety?