

In the Operating Theatre

Voices at Work

Chantelle Smith is a 'scrub nurse' who has worked in a variety of roles in different hospitals. Her operating theatre experience is both broad and deep, with experience in clinical areas including colorectal, bariatrics, hepatobiliary, ear, nose & throat, plastic surgery, gynaecology and robotics. As a senior theatre nurse she has a leadership role.

While she makes use of all nine voices, the dominant voices in her profile are to *advise*, *direct*, *advocate*, *articulate* and *challenge*. It's a repertoire well-matched to the demands of an environment where the implementation of standard procedures to the specifics of individual cases requires the surgical team to sustain an ongoing, moment-by-moment balance between knowing the current 'position' and acting to maintain 'control.'

Chantelle advises upwards, downwards and sideways - to the surgeon, the anaesthetist, the nurses and healthcare assistants - to guide their decision-making and actions. *'We've lost two pints of blood; do you want blood?'* *'The patient has been here two hours; should we get a warming device for them?'* Her words are wonderful illustrations of the *Advise* voice being used well: the position is described in an informed way and a course of action is suggested.

The *Articulate* voice, also a regular element in her repertoire, is also informative but more purely descriptive. She uses it to brief the team. *'This is Fred Bloggs. He is 38. He's here to have an operation on his left arm.'*

After that initial briefing, the general tenor of the voices that Chantelle employs is decisive. Operating theatre is an active environment at its most dynamic. Using the right voice is literally vital. It is unsurprising therefore to hear that the *Direct* voice has a prominent place in her VoicePrint profile. *'We're counting instruments - stop talking - I need your attention.'* In this working context the implications of a mistake are always serious: a potential fatality, legal action against you and the hospital, loss of your nursing registration.

You would expect her to *Advocate*, to take a view for or against and to give her professional opinion. She does. But the theatre nurse is also expected to use that voice to speak on behalf of the patient. Chantelle has to be the patient's voice while that person is asleep under anaesthetic. The strategy is to say things that the patient might want to say. *'I'd like something to keep me warm please.'*

Her use of *Challenge* also often serves to remove risk for the patient and contribute to a better journey for them. Far from being inhibited about interrupting, as so many people can be, Chantelle feels good about using this voice, because of its clearly positive value in the context in which she uses it. One colleague has described her as the best sort of 'iron fist in a velvet glove.'

At the same time she is open to questions and wants people to be comfortable about asking them. In a sense her use of the *Advise* voice is a way of anticipating and answering tacit questions that experience has taught her to be implicit in particular situations. However, one of the features of the operating theatre is that the team's discourse can change in an instant. Talk becomes very directive when there is a risk of the patient being compromised. Then the theatre nurse becomes a mouth piece, or amplifier, for the surgeon as well as for the patient.

Chantelle uses, and is comfortable with, the voices which assist her to enact her role. She's good at what she does and the role fits her personality. So were there any learning points for her when she saw her VoicePrint profile? Yes. She was struck by how little use she was making, even by self-report, of the *Diagnose* voice. It's a finding that prompts her to reflect.

She recognises that she has a dislike for talk that sounds to her like over-analysing. When she perceives it, her inner voice says *'Let's get on with it.'* She realises also that her own profile of voices has changed over the course of her career. When she was a junior member of the theatre team, she asked more questions. This realisation makes her more mindful. It wouldn't be helpful, if she were giving advice when it was not required or directing too much too soon. It also prompts her to think that she could both make and encourage more use of *Inquiry* and *Probe*, voices that are valuable during post-operative de-briefings. *'I notice you used that drug; what was the reason for selecting that?'*

It's a question we might all adapt and use to manage our voices. *'I'll use this voice. I know why it's the right voice for the job.'*

Some Key Learning Points

1. Different voices perform different functions. Although one or two voices may be particularly important, all roles require a range and variety of voices.
2. One of the functions of the Advocate voice is to say what you personally think or feel. Another is to act as a representative and speak on behalf of others.
3. Over time it is easy to fall into habits and routines, using (or neglecting) a voice without much thought rather than with clear intention and awareness of the consequences.