

The sounds of silence

Complexities in the evaluation of team communication

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The circulating nurse, who is new to the room, relieving someone on break, says to the scrub nurse: "How many sets of sponges did you have?" (The circulating nurse speaks loudly; the scrub nurse is soft spoken.) The staff surgeon picks up on this exchange and asks: "What are you missing?" Neither nurse responds to his question. The circulating nurse leaves the theatre and checks something with the earlier circulating nurse, then returns to the room. The staff surgeon says, "you're not answering the question. Are you missing something?" The circulating nurse says there is no issue.

(Fieldnote 672)

The staff surgeon noted loudly, without looking at anyone in particular: "So we'll maybe give this guy a couple of doses of postoperative antibiotics". There is no immediate response from anyone present, although the staff anaesthetist looks up, seems to register what the staff surgeon has said, pauses in her work, but does not respond. A couple minutes later, the junior surgical resident asks, "What did you say about postoperative antibiotics?" There is no response from the staff surgeon. The question remains unresolved.

(Fieldnote 1103)

Silence is not the absence of communication

Silences *communicate*:
agreement, passivity, resistance,
distractedness, disregard, biding time...

Silence can influence safety
in both positive and negative ways

For team communication research,
silence is a key piece of the puzzle



Today: a brief introduction

Lingard et al, 'Counting Silence', In *Safer Surgery*. Flin & Mitchell, eds. 2009.

Silence abounds in the operating room-
may even be sought after
"Let's see if we can get through without saying a thing, ok?"

Structured observational tools tend to direct our
attention to communicative 'presence'

And deflect our attention from 'absence'
(communicative silences)

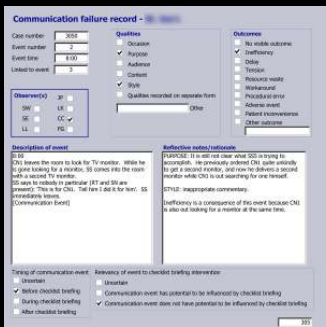
This is true of our own research work
evaluating patterns
of communication failure
in the OR



Evaluating communication failures

Factor	Definition of Comm. Failure Type
Content	Insufficiency or inaccuracy of information
Audience	Gaps in the composition of the group
Occasion	Problems in the spatial/temporal situation
Purpose	Goal unclear, inappropriate, not achieved

Lingard et al, Communication Failures. *QSHC* 2004 (13): 330-334.



Tool creates a useful – and passably authentic – simplification, supplemented with field notes

Counting silence

Silence is often only recognizable when signalled by communication

Silence requires observers to attribute meanings based on other cues

When is silence a communication failure?
When is it not?

The circulating nurse and scrub nurse are doing their count near the end of the case. Surgical resident requests “4-0 Vicryl please” from the scrub nurse. The scrub nurse’s back is to him; she doesn’t immediately respond. Resident requests again with a slightly louder voice: “Can I get a 4-0 Vicryl please?” Nurse still doesn’t respond. The surgical resident raises his eyebrow at the junior resident across the table. A few moments later, the count is done. The nurse repeats “4-0 Vicryl”, handing the suture. The resident takes it, appears irritated, sighing loudly and shaking his head.

How would we interpret this silence
in the context of our evaluation
of communication failures?



Purpose failure?

Silence represents 'no response' to the request

Perhaps the request has not been heard because
the nurse is focused on the counting protocol

Observer taking this interpretive stance would
categorize this exchange as 'purpose not
achieved', given that the resident makes 3
attempts before getting a response

Content failure?

Perhaps the nurse did hear the request

Non-response is meaningful: it reflects nurse's
prioritizing of the counting & subordinating of the
suture request in her task management

Observer might categorize this as "relevant
information missing" since explicit indication of
this prioritizing might avoid the resident's
growing irritation at non-response

Occasion (timing) failure?

Perhaps the nurse's silence carries an additional purpose of indirectly delaying the incision closure until count is complete

She may avoid explicit articulation of this purpose: silence as a conflict-avoidance mechanism

Taking this approach, we might characterize the resident's original request as a "timing" failure, reflecting an inopportune timed request

It depends...and it matters

Silence is not the absence of meaning: it can be purposeful & meaningful, functional or dysfunctional (Glenn 2004)

Silences may reflect linguistic conventions like turn-taking, or be "communicative acts" (Saville-Troike 2003)

Silence may reveal power relations & communicative constraints (Manias & Street '01; Riley & Manias '05; Gillespie et al '07; Bradbury-Jones et al '07)


Consider the same scenario with a slight shift in context...

The suture request comes from a staff person (not resident) to a less assertive scrub nurse

We might see the request responded to immediately = no evident communication failure

However, the responsiveness itself might be the failure, as it interrupts the counting protocol

Communication may progress smoothly towards a dangerous outcome



Silence is meaningful

Evaluation can't just treat it as

**Nothing
Absence
or 'Off'**

Understanding silence
as more than communicative absence



requires the assignment of meaning
based on social and ecological cues

Interpreting silence is a practice issue
as well as a research issue

Staff surgeon says loudly without taking his eyes from the surgical field: "Almost certainly we're going to need a flexible sigmoidoscope and Dr. Black [urologist]." The circulating nurse responds, using the surgeon's first name, "When, Larry?" There is no response from the surgeon, who continues working. The nurse goes to call central processing to get the equipment sent up, after which she pages the urologist.

Situation too emergent for surgeon
to respond?

Surgeon doesn't have 'when' answer yet
and will respond when s/he does?

Question not worthy of response?
'I asked for it now, so I need it now'

Nurse infers meaning from the silence
and acts

Silence (and responses to it on the team)
can be both functional
and dysfunctional

Our framework reveals
some forms of silences,
but not others

Silence can promote safety on a team
or undermine it



More study is needed
if we want to make
sound judgements about
team communication

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