



“I have a name, I am not mop trolley”; The working relationships in the operating theatre at a selected academic hospital

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ABSTRACT

In healthcare settings, working relationships are linked to continuity of care and patient safety especially in specialized units such as operating theatres.

Purpose of the research: This study explores and describes working relationships between nurses and general assistants in the operating theatre.

Methods and procedures: This qualitative study used a case study design comprised of four focus group discussions to collect data. Data were analysed using the ten steps of content analysis.

Results: Three main themes emerged from the focus group discussions: disrespect and mistrust as the core of working relationships between nurses and general assistants, poor communication in healthcare teams and generic versus specialised roles.

Conclusions: Following identification of challenges, participants indicated that healthy working relationships should be cultivated by treating contemporaries with respect, using open communication and clear division of labour. Participants recommended using innovative communication strategies to optimize working relationships in this digital age especially in specialized areas such as operating theatre where patient continuity and safety are essential.

1. Introduction

Effective working relationships in any organisation, especially in hospitals depend on effective communication of shared goals and knowledge, as well as mutual respect among members of working teams (Gittell & Suchman, 2013). To support co-ordination and high performance, communication should be frequent, timely, accurate and, when problems arise, communication should focus on problem-solving rather than blaming. Effective communication results in quality, efficiency and worker well-being (Gittell et al., 2018). Communication that reinforces and supports the integration of tasks is commonly referred to as relational coordination (Gittell et al., 2018). Effective relational coordination and healthy working relationships are linked to continuity of care and patient safety in healthcare (Bajnok, Pudderster, MacDonald, Archibald, & Kuhl, 2012).

In healthcare settings, especially hospitals, healthcare teams are multifaceted with multiple health workers consisting of professionals and non-professionals (Havens, Gittell & Vasey, 2018). In South Africa, healthcare professionals include doctors and nurses, and allied health care professionals such as radiographers and therapists. Non-professional workers include general assistants, porters and drivers, amongst

others. Both, professional and non-professional healthcare workers contribute to teams in many different ways depending on their training, specialisation and status. Team members can work independently or interdependently, depending on the situation, but ultimately team members need to respond speedily to environmental changes and respond to patient needs to deliver safe, quality care (Huang, 2012).

Responding to patient needs requires effective and smooth communication and solid trust relationships between health workers (Huang, 2012). In surgical settings, general assistants also work directly with other members of the surgical team, often blurring the chain of command. This situation may lead to strained relationships, which according to Huang (2012) can result in relationship conflict and poor team performance as team members spend time and energy on interpersonal issues rather than on work. The working relationships between nurses and doctors are characterised by hierarchy, power differences and secrecy, with information usually being shared on a need to know basis (Shannon & Myers, 2012). However, nurses and doctors, as health professionals, can resolve these issues through effective communication.

In this study, the authors identified and focused on the working relationships between nurses and general assistants in the operating

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theatre. The reason being that the general assistants are allocated to work with nurses to perform non-nursing duties and thus function under the supervision of nurses. These two groups thus fulfil vital roles in the operating theatre, and any conflict between this group may ultimately compromise patient care. The two groups including their responsibilities are clearly defined in the next paragraphs.

South Africa has a nurse based health system and the nurse have a regulatory body, the South African Nursing Council (SANC). In terms of the SANC, there are four categories of nurses classified according to the qualifications framework, which stipulates roles and a mandated and not interchangeable scope of practice in the service. These categories are ranked from high (more skilled) to low as follows; registered nurses/midwives who train for four years and specialist registered nurses/midwives who have one or two years post-training; enrolled nurses who train for two years; and enrolled nursing auxiliaries who train for one year (Uys & Klopper, 2013). In the operating theatre complex, the nursing service manager is in-charge, that is, responsible for all resources and ensuring that appropriate standards related to cleanliness, infection control and professional conduct are adhered to. The other professional nurses act as “scrub-sisters” (directly responsible for assisting the surgeon), anaesthetic nurse (assisting the anaesthetist) and the rest act as floor nurses who offer support before, during and after the operation (Hartmann, 2012).

General assistants primarily work to support a specific person or business by performing certain tasks. General assistants often have flexible job duties and task descriptions (Amico, 2019). In hospitals, general assistants are cleaners who are expected to perform general housekeeping tasks such as; cleaning rooms, corridors and offices, emptying trash, changing linens and making beds. Hospital cleaners should have strong interpersonal skills to work well with nurses, and need to be physically fit, as they spend most of their time on their feet while cleaning, pushing equipment and moving furniture. General assistants in hospitals need strong organisational skills to organise and accomplish their tasks efficiently (Farnen, 2019). In the operating theatre, general assistants are tasked with collecting sterile packs and instruments from the central sterile services department (CSSD), and taking them to the operating theatre; clean and wash the theatre premises, including doors, windows, equipment, tools and furniture. Male general assistants often have to act as porters, wheeling patient trolleys to and from wards.

Inside the operating room, they are responsible for restoring a used operating room to acceptable levels of cleanliness and hygiene, to ensure suitable infection control, especially after each operation. As the theatre room operates according to a schedule, the cleaning should be done expedited for readiness for the next operation. Due to the stress of ensuring readiness, the nurses then shouts saying, “mop and trolley” meaning the general assistants should be ready to come and clean the operating room. This infuriates them and that is why the response that “I have a name, I am not a mop and trolley”, implying that they should be called by their names.

In this paper, the authors reviewed the existing literature conceptualizing working relationships in the healthcare sector, and described the research methodology and presented the findings pertaining to ‘nurses’ and general assistants’ perceptions about existing working relationships in the operating theatre. Finally, recommended strategies are put forth to help improve working relationships between nurses and general assistants in operating theatres.

1.1. Literature

The concept of working relationships in healthcare were explored as illustrated in Fig. 1. Instead of working relationships, most literature used workplace relationships interchangeably with interpersonal relationships (Management Study Guide, 2018). Working relationships were initially described using quantitative methods (Fritz, 2014). More recent studies describing working relationships using qualitative

methods, indicate that workplace relationships rely on a blend of interpersonal skills and organisational communication. Workplace relationships should be studied in relation to micro-processes, and explore cultural and occupational nuances (Research-Starters, 2018). In this paper, the authors focused on the working relationship between nurses and general assistants in the operating theatre. Nurses and general assistants fulfil vital roles in the operating theatre, and any conflict between members of the healthcare team may ultimately compromise patient care.

Individuals who work on teams or groups should recognise that they have a common goal based on shared interests and objectives (Wynia, Von Kohorn, & Mitchell, 2012). Healthcare teams are inter-disciplinary teams who work with complex processes that are multifactorial in nature. The multifactorial nature of these teams include skill mix, healthcare setting, the manner in which the organisation is structured, as well as individual relationships which impact on patient care and safety (Pravamayee, 2014).

In healthcare, working teams and groups comprise of professionals and non-professionals members, such as nurses and general assistants, respectively. Team structures are usually determined by the working arrangements in organisations. The arrangements for professionals are inter-disciplinary and multi-professional, indicating the different types of professions and the processes that occur in such teams (Morley & Cashell, 2017). Healthcare teams, for example, represent collaborations between different professionals with different expertise, knowledge and skills (Schmitt, Blue, Aschenbrener, & Viggiano, 2011).

Healthcare professionals include different disciplines such as nursing, medicine and allied healthcare workers. Healthcare teams can also include non-professionals such as general assistants. Both professionals and non-professionals are all working as a team to care for patients. Non-professionals are often over looked in the literature, with some authors labelling them as ancillary teams or services. Babiker et al. (2014) identified different types of teams in healthcare systems. Core teams include nurses, dentists, pharmacists, doctors, and assistants. Contingency teams include ancillary teams, which facilitate patient care and include cleaners or domestic staff. Farnen (2019) believed that non-professional members are able to acquire skills appropriate to workplace settings, including communication skills, teamwork skills, and appropriate personal behaviour. In an operating theatre, general assistants would have to interact with professionals, be adaptable and be as focussed on surgical outcomes as professionals.

Globally, healthcare organisations are striving to build better work relationships between employees, groups and teams, both professional and non-professional (Chen & Rainey, 2014). Cultivating effective working relationships in healthcare settings is difficult, because members of the healthcare team are all unique and getting all people on board may be difficult (Chen & Rainey, 2014). All members of medical healthcare teams should be cognisant of the importance of collaborative working arrangements. Employers should be aware that working relationships are formed in a number of stages, each with inherent dynamics (Mindtools, 2016). In specialized units such as operating theatres, healthy working relationship are essential for patient care and safety (Aveling, Kayonga, Nega, & Dixon-Woods, 2015).

2. Material and methods

This qualitative study used a single case study approach, exploring the working relationships of nurses and general assistants. Yin (2014) defined case study as a scientific inquiry on a contemporary phenomenon in the real world with the aim of establishing the boundaries between phenomenon and context. The authors deemed the case study approach to be appropriate, as the study is about a selected theatre complex, where the two groups of surgical team members, namely nurses and general assistants work (Yin, 2014). Burns, Bellows, Eigenseher, and Gallivan (2014) reported that case studies, especially in social and health sciences, examine complex, real-life situations with

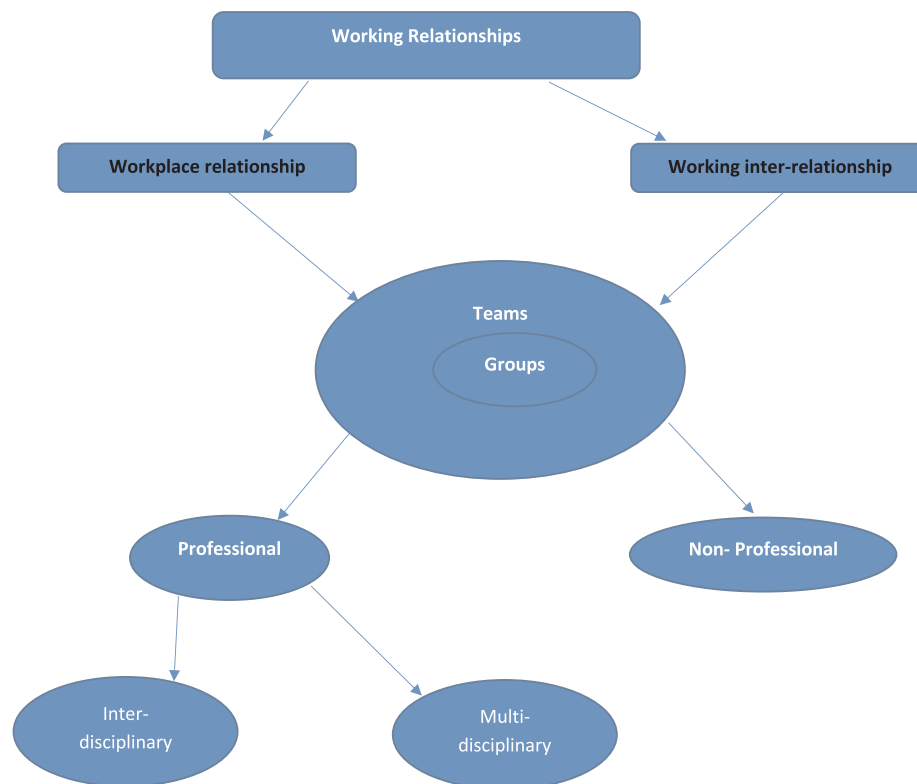


Fig. 1. Conceptualisation of working relationships.

the intention of gaining an understanding of the multivariate issues happening in a specific context.

2.1. Research setting

This study was conducted in a national, tertiary, academic hospital in Gauteng province, South Africa. The hospital has 832 beds and offers highly specialised services including complex surgical procedures. The operating theatre complex has 21 operating theatre rooms and a CSSD. The 21 operating rooms include 18 elective theatres and three emergency theatres. The operating theatre complex is managed by two assistant directors and three operational managers with a total of 520 nurses and 280 general assistants.

2.2. Participants

This study focussed on the working relationship between nurses and general assistants working in an operating theatre complex. Participants volunteered to take part in the study. Volunteer sampling is a form of purposive or non-random sampling where members of the sample self-select themselves to be part of the study (Alvi, 2016; Jupp, 2006). The researcher held two information sessions about the study in the theatre complex. On hearing about the study during the information sessions (Alvi, 2016), the potential participants approached the researcher (Alvi, 2016) and expressed their interest in being included in the study. Only 14 nurses and 12 general assistants volunteered to take part in the study.

2.3. Ethical considerations

The study was approved by the Faculty of Health Sciences, University of Pretoria Ethics Committee, reference number: 285/2015 and the Provincial Department of Health Ethics Committee, protocol number: GP2015RP58 884. The chief executive officer of the hospital granted permission to conduct the study. All participants signed

informed consent. The research was conducted in accordance with the Helsinki Code of Conduct (Ndebele, 2013). All personal identifiers of participants were removed from the data, and participation was kept strictly confidential (Vanclay, Baines, & Taylor, 2013).

2.4. Data collection

The data were collected during October 2015 – February 2016 by the researcher with the assistance of the moderator. Four focus group discussions (FGDs) were conducted and the researcher was able to gain an in-depth understanding of social issues (Nyumba, Wilson, Derrick, & Mukherjee, 2018). The FGDs provided relevant and rich understanding of the participants' perspectives of their working relationship. The focus group discussions were based on group dynamics and synergistic relationships between participants and two FDGs for nurses and two for the general assistants were conducted (Nyumba et al., 2018). By holding separate FGDs for nurses and general assistants, the researcher avoided power differentials that usually occur in heterogeneous groups (Morgan, 2010). Each FGD for the nurses consisted of seven nurses, and FGDs comprised of six general assistants per FGD.

All FGDs lasted for 45–60 min and extended for 10–15 min. The FGDs were conducted in the boardroom of the operating theatre complex. An interview guide was used and the following questions were asked during the FGDs. For the nurses, the question asked was, "What is the working relationship between nurses and general assistants?" For the general assistants, the question was, "What is the working relationship between general assistants and nurses?" The researcher had a moderator to assist with the FGDs. Based on the responses probing was continually done. All FGDs were audiotaped after participants granted permission.

2.5. Data analysis

The recordings of the FGDs were transcribed verbatim by the first author. The first author and the moderator of the FGDs started to analyse data during the FGDs (Roulston, 2011). The collected data were

complemented with typed field notes for analysis. Data were analysed following the ten steps of content analysis as described by Morse and Field (Bengtsson, 2016; Camprubi & Coromina, 2016; Botma, Greeff, Mulaudzi, & Wright, 2010;).

2.6. Rigour

The researcher ensured rigour by appointing a moderator during the FGDs whose role was to facilitate and lead discussions with participants. The moderator kept the responses flowing and made sure that all participants had a chance to contribute without any restriction thus enriching the discussion (Gullifer & Tyson, 2010; Tremblay, Hevner, & Berndt, 2010).

The authors used “member checking” to establish trustworthiness and validate our results (Birt, Scott, Cavers, Campbell, & Walter, 2016). The process involves returning the data or results to the participants to check for correctness and quality in line with their experiences during the FGDs. Aside from playing back the recording to participants, the authors took the transcribed data back to the participants for assessment, comments, inputs, evaluation of accuracy and interpretation. The researchers continuously discussed the research process, problems and the findings as a strategy for debriefing to ensure peer review. The duration of FGDs ensured prolonged engagement.

3. Results

3.1. Demographic characteristics

A total of (N = 26) participants with 14 nurses and 12 general assistants participated in the study. There were two male nurses and 12 female nurses. The participants’ ages ranged between 25 and 58 years. There were nine professional nurses, two enrolled nurses and three enrolled assistant nurses.

There were seven male general assistants and five female general assistants. Of the 12 general assistants, 11 were black and one was coloured. The age group of the general assistants were between 35 and 58 years of age with between three and 30 years work experience (Table 3.1).

3.2. Themes and sub-themes

The three main themes that emerged from the analysis indicated that in this specific hospital, the working relationships between the nurses and general assistants are based on disrespect and mistrust; poor communication; and generalisation versus specialization. As most of the nurses and general assistants were black, the working relationships were influenced by gender, age and qualifications. When general

Table 3.1
Demographic characteristics of nurses who participated in Focus Group Discussions.

Demographics	No. of participants	
1. Gender	Men	2
	Women	12
2. Race	Black	10
	White	2
	Coloured	2
	Professional nurses	9
3. Age	25–30 years	2
	30–35 years	2
	35–40 years	3
	40–45 years	3
	45–50 years	2
	50–58 years	2
	Enrolled nurses	2
4. Qualifications	Enrolled assistant nurses	3

Table 3.2
Demographic characteristics of general assistants who participated in Focus Group Discussions.

Demographics	Number of participants	
1. Gender	Males	7
	Females	5
2. Race	Black	11
	White	0
	Colored	1
3. Age	35–40	4
	40–45	2
	45–50	4
	50–58	2
	3–4 years	4
4. Experience	5–10 years	3
	10–15 years	2
	15–20 years	1
	20–30 years	2

assistants were delegated, they felt like they were being undermined whereas they were just being reminded of their duties and responsibilities. Again, older general assistants, especially men were always reluctant to take instructions from younger female nurses (Table 3.2).

Two FGDs were also conducted with twelve general assistants. The participants were purposefully selected to explore and describe the working relationships between them and the nurses in the operating theatres at the selected academic hospital in Gauteng Province. Seven were males while five were females. Eleven were blacks and one colored. The participants’ ages were between 35–58 years of age with work experience between three to thirty years.

3.3. Disrespect and mistrust

Both groups, nurses and general assistants, expressed a great concern about the lack of respect and trust that prevailed between the two teams. Three sub-themes emerged under this theme, namely that respect and trust are earned, they are not rights; avoidance of name calling; and greetings as a gesture of respect.

3.3.1. Respect and trust are earned, they are not rights

Participants indicated that individual team members need to appreciate each other and be committed to their work to earn respect and trust from their fellow team members. The participants explained that respect and trust are a two-way value. All team members should trust and respect each other to work together. To attest to this some of the participants in the focus group discussions said:

FDG 1(Ns): ‘They [general assistants] disappear from their working place without informing us. We have to respect each other and don’t look down at each other.’

FDG 1(General assistants): ‘When you call somebody you have to call him or her with respect, you mustn’t just shout. They must say ‘Mr. somebody or Mam something; come it is a push out of theatre’ and when they do that it shows that there is cooperation between the two families. But if they just call you like that ‘shouting’, you won’t be able; you just go with no energy and we just work.’

The nurses expressed that general assistants always had to be called to do their work, whilst the general assistants claimed that they were treated with disrespect. This led to a strained relationship between nurses and general assistants.

3.3.2. Greetings as a gesture of respect

In applying *Ubuntu*, a South Africa term that describes companion and human dignity (Metz, 2011), in the workplace where the study was done, greetings are a communication behaviour that portray respect. Greetings are a social gesture of acknowledgement. During the FGDs,

general assistants indicated a need for a social working culture and relationship in which civility and respect are encouraged. Some general assistants said:

FGD 2(General assistants): 'Nurses don't even greet us, Nurses think too high of themselves. How can we work with such people?'

FG 1 (General assistants): To greet someone you don't lose anything! In our culture [madume ga a fele] Greetings do not end. These nurses are our children, sisters and brothers but they think they came directly from heaven.or working in [operating] theatre is the big deal!

The general assistants were of the opinion that nurses thought they were better. General assistants perceived nurses' lack of greeting as an expression of this superiority.

3.3.3. Name calling

Jan and Husain (2015) defined name calling as a form of bullying with damaging effects on elementary school students. Wolke and Lereya (2015) similarly defined name calling as a form of bullying, representing a systematic abuse of power with harmful effects on co-workers. The participants in this study, especially the general assistants expressed concern about how nurses called them names. Participants from the FGDs highlighted this aspect with the following quotes:

FGD 1(General assistants): 'Nurses don't even greet us; they just come in and say mop and trolley. I feel like as general assistants we are being undermined that we are only general assistants and nothing else.'

FGD 1(General assistants): 'Some of the nurses can come to the sluice and say mop and trolley. They don't greet; maybe is because they don't respect I don't know.'

FGD 2 (Ns): I agree with them [general assistants] name-calling is a bad practice, it (name calling) minimise one's position in the team efforts. It is high time we as nurses stop calling out mop and trolley, instead of addressing the general assistants properly as Mr/Ms or even by their names for God's sake.

The above quotes illustrated that general assistants felt undermined and worthless, and that their role was not important within the team. They would appreciate if they were called by their names and that their contribution (work) was also appreciated.

3.4. Poor communication

One of the cornerstones of effective teamwork is communication between team members to achieve anticipated results, especially in high risk areas such as operating theatres (Gluyas, 2015). Hatem, Reader, and Miles (2014) defined communication as a process of transmitting information from the sender to one or more recipients. The information can be verbal (spoken words) or non-verbal (facial expressions, eye contact and body language) and both are essential in the workplace, especially amongst team members. This was also reported in a study by Wang, Wan, Lin, Zhou, and Shang (2018) on effective communication between healthcare professionals in an intensive care unit. Furthermore, communication includes the emotional state of the people involved, and the cultural background that affects their interpretation of messages. In our study, nurses and general assistants as identified poor communication in the operating theatre as a threat to their working relationship. This resulted in team members having different views of any given situation and what was required to manage the situation (Gluyas, 2015). One of the situations that led to conflict was making sure that the operating theatre is ready for the next operation. Poor communication, in this situation often led to a delayed response that led to disrespect and mistrust, coupled with name calling. In such situations, nurses would refer to general assistants as the "mop and trolley".

3.4.1. Communication as a two-way process

Communication is a two-way process that is essential for

exchanging information. Non-verbal communication can reinforce verbal communication which is influenced by active listening and the individual's attitude toward the message. Participants mentioned that conveying the message to the next person was not clear. From the FGDs, the following quotes attest to this:

FDG1(Ns): 'When we are passing down instructions they should be clear on how we [as nurses] want something to be done and how you want general assistants to do it, not to just be vague about it.'

FDG 4(Ns): 'I have noticed that, we (nurses) are not supposed to order them around. Rather ask them to do something.'

General assistants expressed that they were confused when nurses conveyed unclear instructions. General assistants also felt that unclear communication detracted from ensuring that the general assistants were seen as part of the team. The lack of two-way communication resulted in poor working relationships.

3.4.2. Open communication serves as platform to voice the opinions

Open communication within the healthcare sector provides a platform where team members can voice their opinions as part of the team. Both nurses and general assistants found this challenging. Participants from the FGDs highlighted this by saying:

FGD 3(general assistants): 'There is some of information that we don't receive from the meetings that is held by nurses and doctors; we need one of our members to represent us [as we are team members]. The nurses and doctors cannot work without us in operating theatre...'

FGD4 (Ns): 'We have meetings, people will complain about them (general assistants) and they are not there to defend themselves, they are part of the team they need to be invited to [such] meetings.'

Both nurses and general assistants indicated that there was a need to improve communication as a two-way process in the operating theatre. General assistants need a platform to voice their opinions.

3.5. Generic vs specialised roles

Operating theatres are one of the most specialised units in healthcare, hence specialisation plays a bigger role in this unit than generalisation. Through the division of work, members perform several tasks and activities, which make up the whole core business of the operating theatre. The team members in the operating theatre perform these specialized and generic roles to achieve shared goals.

3.5.1. The extent of specialization

In units such as the operating theatre, team members should have clear job descriptions and task allocation. If tasks are not clearly defined or followed through, other team members may compensate to get the work done. In this study, nurses expressed that they ended up 'stretching' themselves to provide aspects of care beyond their job descriptions, resulting in 'creeping genericism' (Goulter, 2015). In the FGDs, nurses highlighted this aspect with the following quotes:

FGD 2(Ns): For us to keep up with the slate [operation list] we do pushout (slang for clean the theatre room) ourselves without them [general assistants]... otherwise the cases will be delayed while waiting for them and not knowing where they are....'

FGD 1(Ns): It is important for the roles to be known between the nurses and general assistants. Everyone to be kept reminded of his/her job description. They expect nurses to perform some of their duties like cleaning the operating theatre. This is unacceptable''.

The nurses felt overburdened by having to clean the theatre as they were pushing the slate for the next cases to avoid delays.

3.5.2. Intersectionality among the teams and team members

Participants indicated that team members did not understand or seemed to forget the intersectionality of the tasks that needed to be

completed to achieve collaboration. Participants further explain that team members did not reflect the principle of unified entity and cooperation. From the FDGs, nurses had following to say:

FGD 1(Ns): "There are many patients that are booked and each and for every patient there is a time which must come in theatre and go out, when you are finished with the case, the theatre is dirty, you have to go and look for them to come and clean."

FGD 3(Ns): "We wait for them to come and clean which causes a delay between the flow of the cases booked. Without one team member the work doesn't flow smoothly as it should be."

Both nurses and general assistants felt that they were not being treated with respect. The nurses had the same viewpoint about general assistants and vice versa. Respect was viewed as a reciprocal value between team members and groups. The issue of respect came out strongly during the FDGs as the core principle for cohesive and healthy working relationships. Participants indicated that healthy working relationships are sustained by open communication that will yield synergy among the tasks and activities of the team members and groups."

4. Discussion

In this study, nurses and general assistants indicated that mutual respect is fundamental for effective teamwork. Teamwork enhances collaboration, cooperation and truthful communication (Chiocchio et al., 2011). Respect is defined as being attentive, being concerned and considerate towards others, while trust is a state in which team members truly and confidently depend on each other (Daniel, 2010). All team members should strive to cultivate respect, bearing in mind that different members have to fulfil unique roles. Cultivating respect is also a continuous process, without a definite end point (Whitehead, Weiss, & Tappen, 2010). The perceptions of nurses and general assistants regarding their working relationship were used to identify easy and simple ways to earn respect and trust, especially in Africa.

Amongst African people, greetings are the departure point for successful interactions and a sign of respect (Akinwale, 2013). In African traditions, greetings are important virtues (Akinwale, 2013) that are beseeched throughout one's life. Greeting someone communicates respect, especially if working together. In our study, the general assistants perceived greetings as a show of respect, and recognition that they were part of the team. Blum (2015) described the importance of greetings in relationships when noting that greetings are a social gesture of acknowledgement. Aside from recognising that greetings are integral to building effective members, team members also need to be sensitive to the negative effects of name calling or labelling.

In this study, general assistants emphasised name calling as the most inappropriate practice that occurred in the operating theatre complex among team members. Name calling threatens personal standing and forms part of bullying behaviour (Wolke & Lereya, 2015). Name calling permeates everyday working relationships in different work sectors. Like other derogatory practices, name calling invalidates a person's being into something he or she is not. For example, in this study, nurses would call out "mop and trolley" to general assistants when they needed to get a task done, rather than calling them by name. General assistants responded by saying "I have a name". The practice of calling "mop and trolley" resulted in general assistants feeling that they were not part of the team except for cleaning operating rooms, handling dirty instruments and linen following operations. General assistants thus felt undermined, which lowered their perception of the importance of their job. General assistants also felt as if they were just going to work for the sake of working and did not enjoy or take pride their jobs. Name calling resulted in general assistants becoming antagonistic and confrontational, demanding to be addressed by their names. In our study, the name calling was a typical case of "words that wounds", a concept that can be seen as a barrier to healthy working relationships. In a study, discussing "words that wounds", Hübinette (2012) indicated that name

calling should no longer be practised and that name calling should be punishable by the law. Team members when working together are inclined to innocently name individuals according to the work that they perform. In this study, general assistants were invalidated and degraded to the level of "mop and trolley", even though their work is integral to the success of the operating theatre.

Operating theatres have the core business of performing surgery. Surgery is a tough and risky activity assigned to the surgical team. The surgical team is a unit providing the continuum of care beginning with preoperative care, extending through perioperative and postoperative recovery. The team consists of surgeons, anaesthesiologists and operating nurses who all have advanced training (He, Ni, Chen, Jiang, & Zheng, 2014). The operating theatre also adheres to a strict schedule to get through theatre lists for the day. In our study, nurses felt that when general assistants did not do their jobs properly, they had to step in to ensure the successful and smooth running of the operating theatre, thus practising creeping genericism. For successful operating theatres, all team members need to understand the intersectional connection of job descriptions. Intersectionality in the operating theatre demands clear lines of communication. In operating theatre, face to face communication is the best method of communication to ensure that the message is understood (Whitehead et al., 2010). The notion of strong communication skills in the employee relationships is supported by Smith (2018), who indicated that communication in healthcare teams require the simultaneous interaction of team members for patient safety. To ensure effective communication in teamwork it is essential to use both formal and informal communication strategies to keep information flowing. Effective communication enhances all stakeholders engagement to set and work towards goals, which in this case is a successful operating theatre (Smith, 2018).

As indicated above, this study emphasises that tasks in the operating theatre often intersect. Team members have to perform tasks that require synergies from specialisations and expertise, including the vital tasks of general assistants, ultimately resulting in high standard surgery. This division of labour, requires breaking the job down to several different tasks and activities between members to make up a whole (Haeussler & Sauermann, 2016). The breaking down of tasks and activities through task management and job descriptions increase efficiency (David, 2015). Putting it simply, while nurses and doctors are scrubbing to prepare for surgery, general assistants should be cleaning timeously or wheeling patients out of the operating theatre for the smooth running of the theatre list.

4.1. Implications for practice

4.1.1. Developing teamwork skills

All members of the healthcare team should have teamwork skills. Learned teamwork skills will provide an understanding of the different professional perspectives and the dynamics of the demanding nature of healthcare provision, especially in the operating theatre (Laurenson, Heath, & Gribbin, 2012). Teamwork skills should target issues such as division of labour and empower nurses and general assistants to enhance positive working relationships.

Furthermore, to develop teamwork skills, some investments are needed to resolve the challenges with communication. This is possible and can be copied from the communication skills training programme that was implemented successfully towards patient safety by one of the districts in Queensland, Australia. Programs should be tailored to address staff-to-staff communication issues, whether clinical or non-clinical, and all staff members should be encouraged to attend (Lee, Allen, & Daly, 2012).

4.1.2. Innovative models of communication

The recommendation is that current innovation and business models of communication be implemented to address the challenges encountered in this operating theatre complex. Technology in healthcare

has been known to facilitate and improve work (Barbagallo et al., 2015). Hospital management could invest in synchronized display screens that could be strategically mounted on the walls of the theatre complex. The display screens with control panels would give teams and groups, including general assistants, opportunities to monitor surgeries around the theatre complex. Innovation would facilitate communication between operating rooms, and throughout the complex, negating the need to walk to various stations to look for team members, including general assistants. Centralised audio announcement systems, similar to those found in retail stores, should be installed and used to announce the need for different services including cleaning services.

5. Conclusion

This study explored the working relationship between the nurses and general assistants in the operating theatre. Health workers in operating theatres have to have an effective working relationship, irrespective of whether they are professionals or non-professionals. These health workers are trained differently, thus they have different skills, knowledge and experiences, which are often worsened by different backgrounds. These factors were the cause of strain in working relationships in the selected hospital.

Our results indicate that respect, open communication and clear division of labour remain the core qualities of working relationships especially in specialised units such as operating theatres. It is recommended that the operating theatre installs innovative mechanisms of communication to cultivate healthy working relationships.

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Ethical approval details

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CRedit authorship contribution statement

M.S. Aphane: Conceptualisation, Data curation, Formal analysis, Funding acquisition - Self funded, Investigation, Methodology, Resources. **E.T. Khumisi:** Conceptualization, Project administration, Supervision, Visualization, Validation, Writing - original draft, Writing - review & editing. **R.S. Mogale:** Conceptualization, Project administration, Supervision, Visualization, Validation, Writing - original draft, Writing - review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijans.2019.100185>.

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