

Letter to the Editor

Operating Room Culture to Develop Students' Clinical Education in Iran: Hierarchical or Collaborative?

As part of organizational culture, operating room (OR) culture refers to a collection of shared beliefs and values that can have effects on behaviors and views of surgical team members and can be correspondingly considered as a foundation for dynamicity or a barrier to clinical education for OR students.^[1] Teaching and learning processes in OR environments are also unique and more complicated than other clinical settings because many factors, including patient, teacher, student, teamwork and interdisciplinary collaboration, critical situations, as well as interactive and dynamic nature of ORs, can make a difference on the given processes among students.^[2,3] This short communication is to get a picture of OR culture in Iran.

OR, as one of the most inaccessible hospital wards, wherein physical spaces are exceptionally divided and behavior in each of these areas is different, is distinct from other units and departments. In this respect, shared cultural findings have denoted similarity of learning environments and teamwork in ORs in hierarchical, collaborative, and supportive structures.^[4,5] Some studies have described OR as a backstage in which informal behaviors of surgical team members are different compared with their formal conduct in other hospital wards, i.e., front stage.^[5,6] Surgeons' informal behaviors and insufficient experience and uncertainty in terms of tendency to teamwork make it difficult for students to understand internal integrity of teamwork.^[3] Several studies in Iran have also demonstrated that OR environment culture plays a significant role in acceptance or rejection OR students in surgical teams.^[7,8]

Within a hierarchical culture, a surgeon can direct a surgical team toward accepting OR students as member of team to acquiring clinical and technical skills or rejecting them with various excuses such as slow operation progression, surgeons' haste and impatience, neglect, marginalization. Sometimes mere observation by students, described as "bitter education" and reject them.

In collaborative and supportive environments, the role of surgical team members is much more highlighted, and they can be effective as a "shadow instructor" in terms of accepting a student, creating learning opportunities, and a sense of belonging to a surgical team, by them.^[3,8]

As a whole, both hierarchical and collaborative cultures are characterized by their own strengths and weaknesses, and one does not outweigh the other. In a hierarchical culture, a surgeon is in charge of patient safety and their decisions in most cases are to the benefit of patients; although due to risks for patient life in some cases, it results in the student's separation from the surgical team. In a collaborative culture, it is also likely to have routine and nonacademic education provided by OR personnel.

Therefore, it can be concluded that making OR students familiar with OR unique culture and behaviors, teamwork, and professional communications and recruiting a competent instructor familiar with different surgical teams can play important roles in acquiring clinical competence and enhancing the quality of patient care. Further research is thus recommended in this domain to shed light on factors affecting OR culture.

Conflicts of interest

There are no conflicts of interest.

Authors' contribution

All authors contributed to this research.

Financial support and sponsorship

The present study is financially supported by Mashhad University of Medical Sciences.

Acknowledgment

This study was supported by the Vice Chancellor for Research (VCR) at Mashhad University of Medical Sciences. We thank VCR and all of the teachers, students, and OR staff who contributed to this research despite their lack of time.

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Received: 18 September 2019; **Accepted:** 09 December 2019;
Published: 06 April 2020

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Access this article online	
Quick Response Code:	Website:
	www.jnmsjournal.org
	DOI:
	10.4103/JNMS.JNMS_44_19

How to cite this article: Zardosht R, Karimi Moonaghi H. Operating Room Culture to Develop Students' Clinical Education in Iran: Hierarchical or Collaborative? J Nurs Midwifery Sci 2020;7:136-7.

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