Surgeons’, anesthesiologists’ perceptions of turnover times

Perceptions of turnover times by surgeons and anesthesiologists may be influenced more by a mental model of how team activity influences turnover times than by actual turnover times per se, a new study finds.

Researchers from the State University of New York (SUNY) Upstate, Syracuse, and the University of Iowa, Iowa City, surveyed 78 surgeons, surgery residents, anesthesiologists, and anesthesiology residents at SUNY Upstate University Hospital, asking them to estimate their mean turnover times, incidences of prolonged turnover times, and time of the day with the most prolonged turnovers. Responses were compared with the actual turnover times.

The researchers found that more than 84% of respondents’ estimates of mean turnover times were not within the confidence interval for their actual mean turnovers. When the researchers corrected for each respondent’s actual mean turnover time, surgeons’ estimates were larger than anesthesiologists’ estimates. Those overestimating mean turnover times also overestimated the percentage of turnovers that were prolonged. Higher-volume surgeons and anesthesiologists were just as inaccurate as those who had lower volume.

Perceptions of turnover times were influenced by opinion about team activity during shift change. More than 79% of respondents thought that the time of day with the largest number of prolonged turnovers was at least 2 hours later than actual. Though most prolonged turnovers occurred around noon, 68% of respondents estimated a time overlapping with shift change. Surgeons were more accurate than anesthesiologists.

The researchers concluded that OR managers should not rely on surgeons or anesthesiologists for their expert judgment on turnover times. Also, OR managers should not interpret comments about turnover times as literally referring to the time, but instead as factors perceived as contributing to the time.