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# Knowledge Management and Dynamics as Perceived by Emergency Surgery Teams: A Quantitative Study

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**Abstract:** Surgical Trauma Teams are characterised by the need to face unexpected situations, with little time to make decisions. In emergency contexts, teams must act in a coordinated way, ensuring, at the same time, proper knowledge transfer and sharing to reach the best possible outcome for the patient. Considering the specific research context, team dynamics among emergency clinicians appear as particularly relevant in terms of knowledge translation, transfer, and sharing, supported by the presence of non-technical skills. Ensuring proper knowledge management is critical for teams to operate accurately. The paper aims at investigating such topics through a quantitative methodology. An online survey was carried on in cooperation with the World Society of Emergency Surgery (WSES) during the month of January 2021. The investigation was conducted following the Checklist for Reporting Results of Internet E-Surveys (CHERRIES) methodology. 402 trauma surgeons from the five continents participated in the survey. Results were analysed using the software R. Preliminary results highlight the importance of non-technical skills like leadership, professionalism, and communication to facilitate the team's work, boost performance, and allow the translation of knowledge. Knowledge translation and sharing can be facilitated through training, the presence of multidisciplinary team members, and clear clinical guidelines. The respondents identified several issues and barriers to knowledge sharing and effective teamwork. Results may lead to new practices and training topics for surgical trauma teams; but they can be extended to any groups or units operating in an emergency context or under time pressure.

**Keywords:** Emergency teams, Healthcare, Surgery, Non-technical skills, Knowledge translation

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## 1. Introduction

Emergency surgery teams are made up of a diverse community of healthcare professionals who collaborate to provide high-quality care in challenging situations. Team and knowledge management dynamics are essential in trauma and emergency settings. Trauma teams are multidisciplinary and work under severe stress and time constraints, and with little knowledge of the trauma's causes or the patient's identity, current circumstances or conditions, or care preferences. In an emergency, there is rarely time to review relevant research or recommendations or to seek second opinions from other colleagues. As a result, team dynamics are worth investigating, and knowledge appears as a crucial resource that must be translated and shared in a proper way. Starting from this premise, our paper aims to deepen the perception of knowledge management by emergency surgery teams. The study was conducted with the endorsement and support of the World Society of Emergency Surgery (WSES), employing an international online survey.

## 2. Literature review

Knowledge translation is the ability to translate concepts from various contexts among stakeholders with varying skills, aims, and even emotions (Dal Mas, Garcia-Perez, *et al.*, 2020; Graham and Tetroe, 2009; Lemire *et al.*, 2013; Savory, 2006). Knowledge translation tools allow the efficient transfer of information as well as the development of new knowledge. In the modern healthcare ecosystem, which is now open (Secundo *et al.*, 2019), different actors need to cooperate. Such stakeholders include not only clinical professionals of varying expertise but also patients, technicians, engineers, ICT experts, policymakers, and local communities (Cobianchi, Dal Mas,

*et al.*, 2020; Dal Mas, Biancuzzi, Massaro and Miceli, 2020; Dal Mas, Biancuzzi, Massaro, Barcellini, *et al.*, 2020). Therefore, methodologies and resources should be put in place to allow effective translation and communication among such stakeholders. In emergency and trauma settings, these dynamics look particularly critical.

Trauma is the leading cause of death among people aged 1 to 44 years old, and the fourth leading cause of death in the western world (Georgiou and Lockey, 2010). Emergency and trauma surgery team members need to work under great pressure, communicating effectively among them.

Trauma patients are triaged en route to the trauma center depending on the severity of their injuries or the need for intervention, using trauma activation procedures that are specific to each hospital. Major research has been undertaken to refine these protocols to improve patient quality while also enhancing care efficacy. Patients' diagnoses are often over or under-estimated as a result of inadequate protocol adherence, which is widely acknowledged (Stonko *et al.*, 2018). The ability to successfully treat trauma patients is heavily dependent on sound judgment and decision-making. Present teaching and evaluation methods for these specialized cognitive abilities, on the other hand, are contextual, lack standardization, and are prone to errors (Madani *et al.*, 2018). Decisions in trauma cases must often be made in a stressful and dynamic environment. Clinicians are often short of personnel, have insufficient awareness of the patient's injuries, and must deal with the possibility of unanticipated events. Therefore, there is a high risk of making errors when treating wounded patients, and this seems to be particularly true during the early stages of assessment and resuscitation, when life-saving procedures are being performed (Madani *et al.*, 2018). The trauma team is usually made up of a multidisciplinary group of people from various specialities, such as anesthesia, emergency medicine, surgery, nursing, and support staff, who all provide simultaneous inputs into the assessment and care of the trauma patient, with a team leader coordinating their activities (Georgiou and Lockey, 2010). As a consequence, it appears that understanding the different interpersonal skills required to work in such a setting is vital. Although the ability to put certain decisions into action is frequently seen through the prism of an individual's internal cognitive mechanism, the ability to seamlessly organize all team members in order to accomplish the desired goal necessitates the ability to put certain decisions into action (Madani *et al.*, 2018). Knowledge translation and sharing processes appear to be critical in this situation, allowing team members to bridge their gaps and collaborate effectively, enhancing the high potential of multidisciplinary and diverse teams (ASA, 2018; Cobianchi *et al.*, 2021). In this scenario, communication appears fundamental in working groups.

To our knowledge, little research has been conducted about the dynamics of trauma and emergency teams concerning knowledge management.

### **3. Methodology**

The methodology used is based on a quantitative survey, with the aim of investigating the perception of knowledge dynamics in trauma and emergency surgery teams. The following section summarises the research context, the data collection and data analysis processes.

#### **3.1 The research context**

The World Society of Emergency Surgery (WSES) is one of the major scientific societies in the field of trauma and emergency surgery. It is active in the definition of clinical guidelines, in the organisation of courses, workshops, and congresses, and the publications of scientific results, primarily through the society's journal, the World Journal of Emergency Surgery (WJES).

#### **3.2 The data collection process**

An online population-based survey was used to gather demographic, experience, and practice-based information about trauma surgeons and their team dynamics as members of emergency teams.

The WSES sent out an e-mail invitation to participate in the survey in January 2021, which was also shared on the society's website and Twitter account. Three more reminders were sent out from the same networks.

The survey was performed using Google Forms in English and followed the CHERRIES (Checklist for Reporting Results of Internet E-Surveys) framework and assessment (Eysenbach, 2004).

The electronic questionnaire was developed using a research protocol that was circulated among the steering committee members. The majority of the questions were based on previous research in trauma and emergency

surgery (Reichert *et al.*, 2020; Scarlet, 2018; Woltz *et al.*, 2018), knowledge management and organisation science (Dal Mas, Garcia-Perez, *et al.*, 2020; Massaro *et al.*, 2014; Rese *et al.*, 2020), and clinical ethics (Angelos, 2020; Angelos *et al.*, 2021; Cobianchi *et al.*, 2021; Scarlet, 2018).

To test and further validate the tool, the electronic questionnaire was checked and filled out by a group of surgeons before the invitations were sent out.

The survey's topic and objectives were detailed in the invitation e-mail, as well as the survey's estimated length (less than 15 minutes) and the option to join the Team Dynamics Study Group to continue the dialogue within the scientific society. Both of the answers, as well as the identity of the investigators, were kept confidential.

The final dataset was downloaded into an excel spreadsheet file shortly after the investigation was completed.

The first questions focused on identifying the sample, such as gender, years of trauma surgery experience, type of institution (academic vs non-academic), country, the role held, eventual participation within a trauma team (institutionalised or not, and of what kind), type of trauma leader, courses taken, and the eventual involvement of diverse team members.

The questions about knowledge translation were designed to determine surgeons' comprehension of the concept, beginning with an open question and then looking into translation resources and facilitators. No previous definition nor references were provided. Surgeons were asked to classify which tools were used in their institutions (Dal Mas, Garcia-Perez, *et al.*, 2020).

Participants were asked to rate the importance of 10 non-technical skills gathered from Massaro *et al.* (2014) using a 5-point Likert scale, accompanied by an open question about the importance of non-technical skills in promoting the work within trauma teams.

Another open question was about the biggest challenges for trauma teams to collaborate.

#### ***The data analysis process***

Summary statistics were used to interpret quantitative data, while qualitative (free-text) data was classified and the frequencies of categories were recorded (Woltz *et al.*, 2018). The statistical analysis was carried out with the aid of the R program (R Development Core Team, 2021). 402 fully filled questionnaires were gathered.

## **4. Findings**

### **4.1 Descriptive statistics**

The following Figure 1 summarises some descriptive statistics about the sample.

Most respondents are male and hold a role as a senior consultant. Head of departments and residents are also included. In terms of years of experience as a trauma surgeon, the sample looks various, ranging from newly hired residents with one year of experience to 18 physicians (corresponding to almost 5% of the total participants) who claim more than 35 years of experience. Most of the surgeons declare to belong to an academic institution or teaching hospital.



**Figure 1:** Descriptive statistics

Regarding the countries participating in the analysis, findings highlight that the majority of respondents are from Europe (66% of respondents), especially Italy, Spain, and the United Kingdom. North and South America account for 5% and 6% of the total, respectively. The majority of respondents in Asian countries are concentrated in Russia and India. Overall, the respondents are evenly distributed around the globe, with Africa's findings being underrepresented, with just a few surgeons taking part in the investigation.

#### 4.2 Definition of knowledge translation

Regarding the definition of knowledge translation, all the responses were analysed and rated as concordant, discordant, or inconclusive following the study of Woltz et al. (2018). More than half of the participants (223, or 55% of the total sample) gave responses that were rated as concordant, emphasising the importance of putting knowledge into practice and sharing knowledge and information among colleagues, especially in multidisciplinary contexts. Discordant meanings were found in 87 (22%) of the total respondents, as they only show a partial view of the phenomenon. The remaining 92 participants (23% of the sample) were classified as inconclusive because it was difficult to determine their concordance: the responses were either too brief to be interpreted precisely, or they only contained a synonym for the word knowledge translation. Many surgeons admitted that they were uncertain about the meaning of the term.

The following Figure 2 summarises a word cloud gathered from the responses given by the surgeons, with each term with a minimum frequency of 5 times. The majority of terms used recalls the idea of the clinical application of scientific research, sticking to the most "traditional" idea and meaning of knowledge translation (Dal Mas, Garcia-Perez, et al., 2020; McAneney et al., 2010).





## 5. Discussions and conclusions

Trauma and emergency surgery is a challenging environment to operate in for a number of reasons, including time limitations, a lack of knowledge about the traumatic incident and the patient's condition, and the need to employ many specialities and skills. Therefore, trauma teams should use knowledge translation tools and techniques to transfer information and boost their performance efficiently. Non-technical skills (Dal Mas, Biancuzzi, *et al.*, 2021; Lepeley, 2021; Maschuw *et al.*, 2011; Sousa *et al.*, 2020), such as leadership, teamwork, and communication, look crucial in such a context and can impact the effective knowledge translation mechanisms (Dal Mas, Bagarotto, *et al.*, 2021).

Preliminary findings of the international survey highlight how most emergency surgeons are familiar with the concept of knowledge translation. Nonetheless, most of them place a greater emphasis on a more traditional approach that sees the practical application of scientific research (the so-called “bench to bedside approach”) than on the need to translate concepts among multidisciplinary team members effectively. Interestingly, many surgeons have no clear idea about the concept of knowledge translation and of its potential in boosting team performance. Dedicated training and dissemination activities, such as conferences, scientific journal calls, and symposia, may be organised to create consensus about the topic, and spread the importance of such a concept to facilitate the work of teams operating in challenging and multidisciplinary settings.

Regarding the tools, most of the surgeons declare to employ continuous training. Non-technical skills, clinical protocols and official guidelines, and multidisciplinary teams are also listed as essential in pursuing the clinical practice. Surprisingly, surgeons do not seem to engage with patients much, but this may depend on the severity of the situation, as most of the emergency physicians are involved in disaster clinical management. Still, patients engagement looks fundamental in modern healthcare practices (Elwyn *et al.*, 2020). Therefore, a dialogue within the scientific society may follow up to consider how to disseminate the topic and to foster clinical practices that involve the patient, whenever possible. Another interesting point is the lack in the use of electronic and online tools, including medical records. Again, this finding looks in contrast with another trend in the modern healthcare scenario (Sousa *et al.*, 2021), which sees the increasing use of online platforms (Presch *et al.*, 2020), e-health and telemedicine applications (Grenda *et al.*, 2020; Miceli *et al.*, 2021) and wearables (Bednarova *et al.*, 2020), and artificial intelligence-based diagnostic tools (Loftus *et al.*, 2020). Such findings may depend on the age, role, and location of the participants. Those working in more modern institutions may get access to the latest technologies. Further investigation within the sample may represent new intriguing research avenues.

Surgeons are well aware of the challenges they encounter while operating in teams. Issues emerge in terms of trust, authoritarian relationships with leaders, the presence of a large ego, heavy obligations, schedules, and stress. The COVID-19 pandemic and the related work disruption (Cobianchi, Pugliese, *et al.*, 2020; Dal Mas, Romani, *et al.*, 2021; Romani *et al.*, 2021), surgical triage (Aminian *et al.*, 2020; Patrì *et al.*, 2020), and education outcomes (Tseng *et al.*, 2020) increased the stress and problems felt by the participants (Mavroudis *et al.*, 2021; Della Monica *et al.*, 2021). Some of such issues may be mitigated by support networks (Della Monica *et al.*, 2021) and dedicated managerial practices translated into clinical guidelines.

In trauma and emergency surgery, team and knowledge management dynamics tend to be critical. Our international survey showed how multidisciplinary trauma teams could function under intense pressure and that unique frameworks and procedures should be introduced to help teams work together and perform better. Both the function within teams and the interaction with patients are affected by such dynamics. While many challenges arise, particularly during the COVID-19 pandemic, scientific communities must take preventive measures through preparation, realistic resources, and solutions.

Such results and dynamics may be relevant and replicable also in other emergency and disaster contexts, like the ones brought by the COVID-19 pandemic.

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