

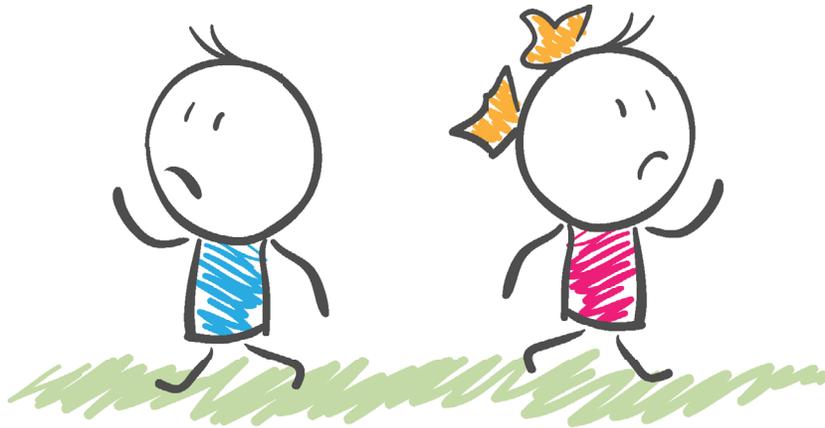
# APPROACHING CONFLICT WITH CONFIDENCE



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# INTRODUCTION



## Don't run away from conflict.

Conflict is common in healthcare environments, is inevitable and results in needed changes when it is resolved properly. In an Institute for Safe Medication Practices (ISMP) **survey** of nearly five thousand nurses, physicians, pharmacists and quality/risk management personnel, 73 percent reported encountering negative comments about colleagues or leaders within the past year. 68 percent reported condescending language or demeaning comments or insults and 77 percent of respondents said they had encountered reluctance or refusal to answer questions or return calls. Nearly 50 percent of the respondents reported that intimidating behaviors had affected the way they handle medication order clarifications or questions. Only 50 percent of respondents indicated that their organizations had clearly defined an effective process for handling disagreements with the safety of an order.

**Unresolved conflict between staff and team members can be hazardous to your patients' health. This Ebook details a variety of approaches to help you confidently handle conflict.**

**Let's get started!**

# ABOUT CONFLICT

## COMMON TYPES OF CONFLICT

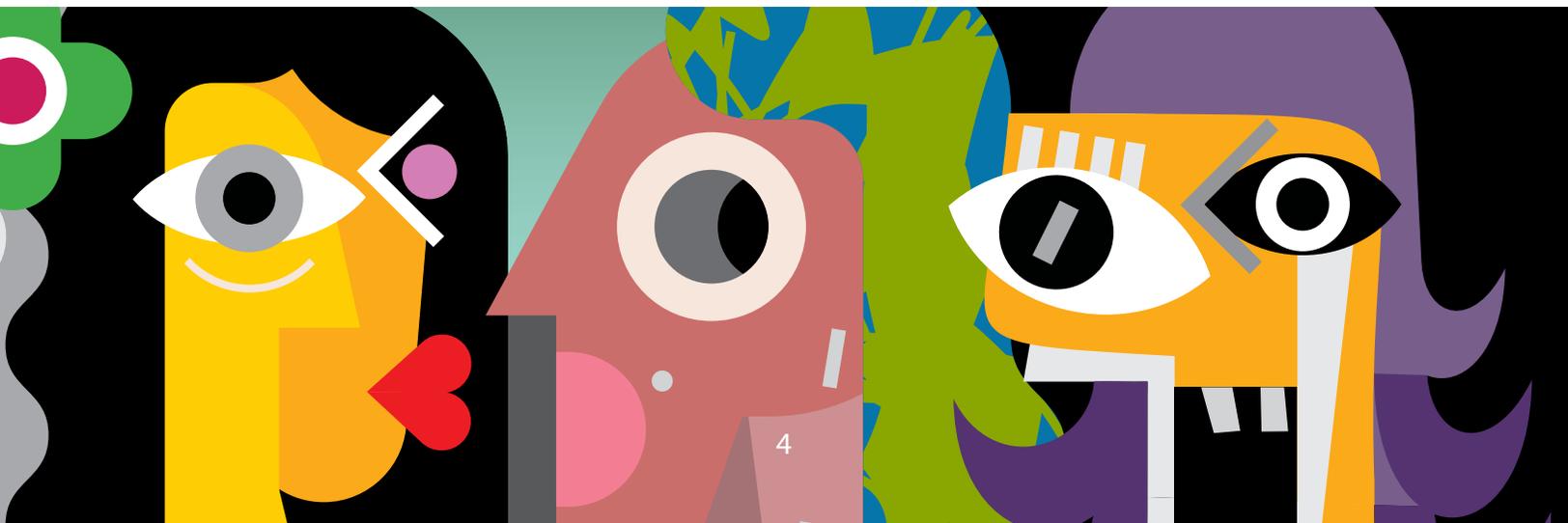
- » **Relationship conflict** happens when individuals differ over personal taste, styles, values and other non work-related aspects.
- » **Task conflict** occurs when individuals have different viewpoints on the content of tasks.
- » **Process conflict** focuses on disagreements about how to accomplish a task.

## FIGHT: COMMON CONFLICT BEHAVIOR

- » Raising eyebrows, eye rolling, derogatory vocal tone.
- » Snide remarks, profanity, insults, intimidation toward others.
- » Shaming others for negative outcomes.
- » Ignoring, excluding, giving the silent treatment.
- » Unjustified negative comments, ridicule, patronizing.
- » Refusal to comply with practice standards and organization protocol.
- » Refusal to work collaboratively or cooperatively with other members of the interdisciplinary team.
- » Creating unreasonable barriers to others' requests for assistance.

## FLIGHT: COMMON CONFLICT BEHAVIOR

- » Avoiding speaking to the person.
- » Diverting attention by changing the subject.
- » Yielding to others even when it could impact patient safety and/or goes against practice standards.



## TRUE STORIES OF CONFLICT IN HEALTHCARE

"After a nurse attempted to clarify the order but was yelled at and made to feel stupid, a patient received a digoxin overdose."

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"A new nurse working in the obstetrical unit was given an order for terbutaline. The dose seemed large, but the nurse was afraid to question the order and gave the patient a dose that was 4 times higher than a normal dose."

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"During an intubation in the ICU, the attending physician was insulting the nurse as they were prepping. The physician told the nurse to just "give the damn meds already." The nurse administered the succinylcholine then etomidate without asking the order in which they should be administered. When the physician became aware that the paralytic was administered before sedation, he further berated the nurse and sought disciplinary action against her. Throughout the entire ordeal, the impression was that both the physician and leadership refused to recognize that the doctor's behavior in any way contributed to the error."

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"A nurse called a physician to report a critical potassium value. The provider refused to answer the page until the third try, and then exclaimed, "If the patient's potassium was critically low this morning she never would have gone to surgery!" The physician promptly hung up the phone without an order. The patient did have a critically low serum potassium level, and we had to contact another physician to place the patient on the hypokalemia protocol."

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"A physician was dismissive of a pharmacist's concerns about excessive warfarin dosing in an elderly patient. The patient received the warfarin and later required vitamin K for an INR greater than 8."

Stories excerpted from [ISMP Newsletter](#)

# CAREFRONTING CONCEPTS

“Carefronting” is based on the principles that people should care enough to confront each other and confront each other with care. Because it focuses on navigating differences in a clear, respectful and honest manner, it is used to manage conflict among individuals of differing viewpoints, values, beliefs and attitudes. **See the following carefronting concepts and how to use them.**

- 1** **Truthing it:**  
A simplified speech style
- 2** **Owning anger:**  
Let both your faces show
- 3** **Inviting change:**  
Careful confrontation
- 4** **Giving trust:**  
A two-way venture
- 5** **Ending blame:**  
Forget whose fault the conflict is
- 6** **Getting unstuck:**  
The freedom to change
- 7** **Peacemaking:**  
Getting together again

## USING CAREFRONTING CONCEPTS

- 1 Truthing it:** Demonstrate the willingness and ability to listen empathetically and desire to understand. Be humble. Some things the other person says may be hurtful, but necessary.
- 2 Owning anger:** Realize that you both may naturally feel some anger. While one describes feeling disregarded and disrespected, the other may become angry with the “accusations.” After you each express your views, you should both accept responsibility for your own reactions.
- 3 Inviting change:** When confronting another person, use descriptions instead of judgements. Change the dynamic by suggesting changes that could improve the relationship. Avoid statements such as, “You need to improve your attitude.”
- 4 Giving trust:** To give and get trust, you both should confront each other with respect and honesty, agree to drop demands and embrace apologies.
- 5 Ending blame:** Blame only perpetuates resentment and resistance. In absence of blame, productive conversation is possible, and you can start exploring how you can achieve your mutual goals.
- 6 Getting unstuck:** Harboring negative feelings about the past is a waste of time and energy. By releasing past behaviors and feelings, you are both free to change the narrative.
- 7 Peacemaking:** Show up. Be courageous and present in conflict situations instead of avoiding them. Listen and care enough to confront one another.



# D.E.S.C. APPROACH

D.E.S.C. is an acronym for *Describe, Express, Suggest, Consequence*. This technique guides and directs the individual to assertively face conflict without blaming the other person. **The graphic below gives the steps, an example and a key tenet of each concept.**



# COGNITIVE REHEARSAL APPROACH

Preparing for conflict can prevent individuals from reacting emotionally to situations. With a plan already in place, the individual is not caught off guard, inadvertently escalating the conflict. **See the examples and use the steps below to plan out some scenarios you commonly face at your organization.**

1. **Brainstorm conflict-causing behaviors.**
2. **Plan out appropriate ways to respond.**
3. **Rehearse responses.**

## SCRIPT EXAMPLES FOR VARIOUS TYPES OF CONFLICT

### Non-verbal innuendo (raising eyebrows, rolling eyes, making faces)

*I sense (I see from your facial expression) that there may be something you wanted to say to me. It's okay to speak directly to me.*

### Verbal affront (covert or overt, snide remarks, lack of openness, abrupt responses)

*The individuals I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of situation?*

### Undermining activities (turning away, not being available)

*When something happens that is "different" or "contrary" to what I thought or understood, it leaves me with questions. Help me understand how this situation may have happened.*

### Withholding information (staff or patient)

*It is my understanding that there was (is) more information available regarding this situation, and I believe if I had known (more), it would (will) my ability to provide better care.*

### Sabotage (deliberately setting up a negative situation)

*There is more to this situation than meets the eye. Could "you and I" (whatever, whoever) meet in private and explore what happened?*

### Backstabbing (complaining to others about an individual and not speaking directly to that individual)

*I don't feel right talking about him/ her/situation when I wasn't there, or don't know the facts. Have you spoken to him/her?*

Example excerpted from The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260

# CUS APPROACH

CUS is an acronym for the key words *Concerned*, *Uncomfortable* and *Safety*. The approach encourages individuals to speak up in interdisciplinary teams when there is any question about safety. **See the example below to understand how to use this approach.**

1 State your **concern** directly.

I am concerned with the patient's blood pressure.



2 State why you are **uncomfortable**.

I am uncomfortable discharging a heart patient with high blood pressure.



3 If the conflict is not resolved at this point, explain in what way your concern is related to **safety**.

I believe the patient may be at risk of another heart attack and should be further monitored for safety reasons.



# SBAR APPROACH

SBAR is an acronym for *Situation, Background, Assessment, Recommendation*. This approach creates a standard for communication. It can prevent conflict within teams by making sure all necessary details are within a communication. **See the example and practice this method by following the steps below.**

- S** Situation (a concise statement of the problem)
- B** Background (pertinent and brief information related to the situation)
- A** Assessment (analysis and considerations of options — what you found/think)
- R** Recommendation (action requested/recommended — what you want)

## EXAMPLE OF THE SBAR METHOD

### A NURSE COMMUNICATION TO A DOCTOR

A patient who is post-surgical ankle repair is having unsuccessful pain control. The RN needs to get an order for improved pain coverage.

#### SITUATION

"Hello, this is Ron from Med/Surg at OMH. I'm caring for Mr. Tree in room 3. I'm calling regarding his pain control."

#### BACKGROUND

"Mr. Tree is a 22-year old who had surgical repair of a fractured ankle 2 days ago. He has had very minimal pain control since his surgery. He has an order for Tylenol 650 mg q 4 hours for minimal to moderate pain and Morphine IV, 1-4 mg q 2 hours for severe pain. He does not have any allergies to medications. This is his first time having any type of surgery or significant injury."

#### ASSESSMENT

"Mr. Tree ranks his pain as a 9/10, with a quality of being sharp and radiating to his mid-calf area. He is reluctant to ambulate out of bed, even refusing to get into a chair at the bedside. His pedal pulses are equal, the surgical site is WNL, and all of his vital signs are stable."

#### RECOMMENDATION

"I think that Mr. Tree would benefit from some longer-lasting pain medications. What would you prefer to order? Are there any exams or labs you would like to order? What should I call you for in the future regarding his pain control?"

Example excerpted from [PROHEALTH CARE](#)

# THE OTHER SIDE OF THE COIN

Generational, gender and individual differences in the workplace means that nearly everyone will unintentionally offend someone at sometime. If you are confronted by another individual, be prepared to have a healthy reaction to navigate the conflict.

**Practice the following tips before and during a confrontation.**

## PREVENT SHOCK. BE PREPARED TO REACT APPROPRIATELY.

*Commit yourself to the following responses before conflict arises.*

**I will actively listen.** Observe and interpret both verbal and nonverbal communication, paying attention to the feelings being expressed along with the words being spoken.

**I will control my own emotions and behavior.** Communicate without threatening, blaming or punishing others.

**I will focus on the present.** Past conflicts and resentment will not allow you to see the situation realistically. Recognize the existence of past feelings and let go of them.

**I will be aware and respectful of differences.** Avoid disrespecting others because they are different from your generation, gender, experience level, or because they have different values and beliefs.

**I will pick my battles.** Some disagreements are not worth the mental drain. Instead of “setting the record straight,” you may de-escalate a conflict by letting some details go unchallenged.





#### EXAMPLE OF LISTENING METHOD

1

Encourage the other person to share his or her issues as fully as possible.

"I want to understand what has upset you."

"I want to know what you are really hoping for."

2

Clarify the real issues, rather than making assumptions. Ask questions that allow you to gain this information, and which let the other person know you are trying to understand.

"Can you say more about that?"

"Is that the way it usually happens?"

3

Restate what you have heard, so you are both able to see what has been understood so far. It may be that the other person will then realize that additional information is needed.

"It sounds like you weren't expecting that to happen."

4

Reflect the other person's feelings. Be as clear as possible.

"I can imagine how upsetting that must have been."

5

Validate the concerns of the other person, even if a solution is elusive at this time. Expressing appreciation can be a very powerful message if it is conveyed with integrity and respect.

"I really appreciate that we are talking about this issue."

"I am glad we are trying to figure this out."

Example excerpted from [edcc.edu](http://edcc.edu)

## ADDITIONAL RESOURCES

We hope you gained a better understanding of how you may resolve conflict through this Ebook. If you would like to read more about conflict management, here are some additional resources.

### ONLINE ARTICLES

*Put Conflict Resolution Tools to Work*

*The Sources & Costs of Conflict in Nursing* (a four-part series)

### TOOLS

SBAR Toolkit from the Institute for Healthcare Improvement

TeamSTEPPS® Curriculum from the Agency for Healthcare Research and Quality

American Nurses Association Conflict Engagement Program

### BOOKS

*Ethical Competence in Nursing Practice: Competencies, Skills, Decision-Making* by Dr. Catherine Robichaux, PhD, RN, CCRN, CNS

*Counseling Techniques: Improving Relationships with Others, Ourselves, Our Families, and Our Environment* by Rosemary A. Thompson



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