



Communication and Conflict Resolution

Introduction

Communication is central to the work we do as pharmacy professionals, whether we counsel patients, collaborate with other healthcare providers, or consult with colleagues. Strong and effective communication skills result in meaningful patient-pharmacy partnerships and effective pharmacy processes that ensure patient safety and positive patient outcomes. On the other hand, poorly managed communication between a pharmacy staff

“I know how stressful it can be for people, especially trying to sort through (health insurance) problems, issues. I know it’s not my fault, but suddenly I’m the face of the entire health care system, and they are **angry** and have to **vent** on someone. Being in the wrong place and the wrong time, but you get used to it. But it still gets you **angry and frustrated**.”

Pharmacist’s experience of conflict in community practice

“It goes with the territory. Our job is to actually double-check the accuracy of someone else’s prescription. So if we find a problem, we have to deal with it. And if we deal with it, there is the possibility of some kind of **conflict**. No one likes being told they made a mistake.”

Pharmacist’s experience of conflict in community practice

member and a concerned patient can result in frustration, decreased quality of patient care, misunderstanding, broken trust, and, in some cases, formal complaints to the College of Pharmacists of Manitoba (College). In fact, the College’s Complaints Committee (Committee) has dealt with numerous instances in which effective communication strategies could have averted formal complaints.

The Committee recommended that the College prepare professional development resources focused on communication techniques and conflict resolution for pharmacy staff. It is the aim of this resource to provide some initial guidance into communication and conflict resolution. While the presence of conflict itself is common and inevitable, it is the lack of conflict resolution and communication skills that can turn these conflicts into serious issues or complaints.

The value of strong communication and conflict resolution skills goes far beyond merely avoiding complaints. A 2008 study from the Canadian Pharmaceutical Association cited interpersonal conflicts are one of the main reasons pharmacists choose to leave practice.

Furthermore, the high stress environment of pharmacies is a common breeding ground for conflicts to develop. As frontline healthcare professionals, our communication skills, both



positive and negative, are far-reaching. We can all benefit from learning or refreshing our communication and conflict resolution abilities.

A Word from the Complaints Committee

The Complaints Committee found that communication breakdown is frequently a contributing factor in the complaints matters that are brought forward. The breakdown is not limited to an interaction between a pharmacist and patient in complaints matters. The Committee commonly reviews complaints where a communication breakdown has taken place between pharmacy staff (pharmacist or otherwise) from different pharmacies, or between a pharmacy professional and another healthcare professional.

As pharmacy staff, there is an expectation from patients, the public, other healthcare professionals, and our peers, that we conduct ourselves in a professional manner. Using active listening strategies and being aware of our body language aren't new concepts. They are tried and true tools; proven time and again to help effectively resolve an escalating situation. We owe it to ourselves, our profession, our colleagues, and most importantly, our patients, to maintain a high level of professionalism at all times.

I implore you to contemplate where you are proficient in your communication, and where you need to improve, being mindful that we all have room to improve somewhere. Consider these strategies and self-reflect on how best to apply them in your practice. Make this a goal for the pharmacy team you work with, so that you can be confident that you are providing the best care and respect to all those you encounter.

*Mr. Pat Trozzo,
Chair, Complaints Committee*

Active Listening

Although we understand that effective communication forms meaningful and successful interactions, communication is still an area of struggle for many of us. While we can definitely talk and hear what people are saying, we often lack the required active listening skills, which can often de-escalate or resolve conflicts.

Active listening, or listening for understanding, requires more than merely information processing. It requires that you, the listener, remove all judgement and focus your full attention on the words, tone, context, and non-verbal cues of the patient. We often listen to respond rather than to understand. When we are thinking about our next response, rather than listening carefully to understand the patient, it becomes very difficult to see the patient's perspective and hear what they are saying. This kind of multi-tasking should be avoided.

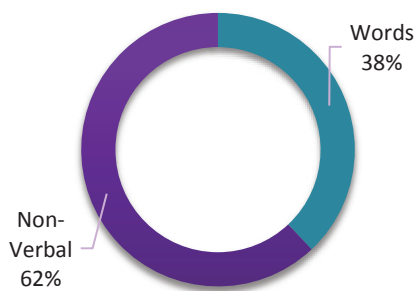
The effective communication strategies on that follow can be a helpful list of steps to put in to practice at your pharmacy. The following strategies can help avoid a breakdown in communication and patient-professional relationships:

- Affirming the patient's feelings
- Asking open-ended and non-judgmental questions
- Actively listening to responses
- Projecting respect and attention through positive body language
- Anticipating potential conflict, if needed

Body Language

You're always saying more than you think you're saying. When body language is inconsistent with the words coming out of your mouth, communication cannot be effective. There are multiple components to effective body language, and they often take practice to become comfortable and natural. As the graph below shows, studies have suggested non-verbal cues account for over 60% of your communication, so it is very important to keep body language in mind.

Communication



“EYE” SEE YOUR POINT

This is one of the most self-apparent modes of communication. Eye contact implies active listening, interest, and respect, whereas the failure to make eye contact suggests that the patient you are speaking with is not worthy of your full attention. Furthermore, it can indicate a lack of confidence or a lack of honesty. Experts suggest maintaining eye contact 60% of the time. Maintaining more intense eye contact can come across as aggressive and unnatural.

SUBTLE CLUES FROM THE MOUTH

Words aren't the only things coming out of your mouth when you communicate. While listening, pursing or twisting your lips can show that you are holding something back or are thinking intently about your response instead of listening to the patient.

Effective Communication

From the Royal College of Physicians and Surgeons of Canada:

1. Listen fully to what is being said. Do not plan your response.
2. While the other person is speaking, listen for insights into what is important to the speaker. What values and beliefs is he/she expressing? At what point does the speaker get energized, upset, angry, or sad? What matters to the speaker?
3. Check in with the speaker to ensure that you got the message right. Say something like, “I think I heard you say...Is that correct?”
4. Pause and think about what else you might need to know.
5. Ask further clarifying questions.
6. Respond to the speaker.

While this may seem methodical, it becomes more natural with continued practice (just like any other effective practice strategy). Most importantly, it ensures that you understand the underlying concerns your patient is raising, and are positioned to help your patient effectively. When patients feel heard and understood, it helps them trust that you have their best interests at heart and are doing all you can to resolve any issues related to their concerns.



IT'S ALL IN THE HEAD

The angle at which you keep your head can indicate self-assurance or sympathy. Experts have noted that to seem more approachable and understanding, tilting your head to one side can be helpful. Keep your head straight to come across as serious and assertive. Depending on the situation, it might be positive to seem more approachable or to seem more assertive.

Avoid looking down at the patient by tilting your head down. If you need to look down, try leaning or sitting down with the patient to avoid the perception of “talking down” to them. Be aware that your dispensary may be raised, and it may be advisable that you sit down in the counselling room or exit the dispensary to continue a conversation with the patient at the same level.

“ARM”ED WITH POSITIVITY

Your arms can reveal how open or judgmental you are. When arms are crossed or folded, it can appear defensive or closed off, implying disinterest in or disagreement with the patient’s point of view.

“HAND”LING THE SITUATION WELL

Experts recommend keeping your hands in front of your body. Keeping them behind your back can indicate avoidance or the desire to hide something. It’s also recommended to keep hands below the neck.

GIVE YOURSELF A LEG UP IN COMMUNICATION

Constantly moving your legs can indicate discomfort, nervousness, or avoidance. If sitting, crossing your legs can also indicate the level of respect you have for the patient. Crossing your legs at the ankle or keeping them both flat on the floor is the experts’ recommended position. Placing one leg or ankle on top of the other knee can come across as aggressive or arrogant.

GIVE THEM SPACE

It’s important to keep a proper distance between yourself and the patient. You don’t want to appear to be too close “in someone’s face”, but standing too far away can indicate avoidance. It can also make it harder for the patient to hear you or for you to hear the patient. Oftentimes, the other person in the conversation will indicate the distance they are comfortable with by coming closer to you, or backing away, as they feel needed. Respect that distance.



Responding to Anger

Responding to anger can be tricky. It's often impossible to have a constructive conversation when one party in that conversation is angry. Firstly, when confronted by an angry patient, you as a pharmacy professional, should refrain from reacting with more anger. Fighting fire with fire will not end well.

At the same time, ignoring the patient's emotions might only further aggravate the situation. It's important to acknowledge, listen, and respond empathetically to the patient's anger before addressing the issue they raise directly. Active listening and positive body language are crucial keys to conveying empathy when emotions are running high.

Anger is often secondary to some other underlying primary emotion, such as frustration, confusion, or worry. Addressing a patient's anger requires uncovering and addressing the emotion underlying their anger. Medical practice management expert John V. Guiliana provides some key tips (shown on the right) for situations like this in his article, "How to Resolve Conflict with Difficult Patients"

EXAMPLE OF RESPONDING TO CONFRONTATIONAL BEHAVIOUR

Adapted from "How to Resolve Conflict with Difficult Patients" by John V. Guiliana

Patient: I've waited here for over 1 hour for my prescription! It shouldn't take that long to put pills in a bottle!

Pharmacist: I know you are frustrated about this; however, let us move back to solving the problem and getting you your medication.

There are two key aspects to this response. Firstly (in purple) the pharmacist acknowledges the emotion underlying the patient's anger – frustration. Secondly (in blue) the pharmacist shifts focus back to the task at hand.

EXAMPLE OF RESPONDING WITH ASSERTIVENESS

Adapted from "How to Resolve Conflict with Difficult Patients" by John V. Guiliana

Patient: Can't you just fill my prescription already?! I don't have all the time in the world to answer questions you ask every time I'm here! You know all this stuff already. [Patient

"Make a conscious attempt to slow down your responses. Do not reply immediately since your first gut level response is likely to be an angry or defensive one. Before you respond, ask yourself this question: "How can I deal with this situation in such a way that I create less anger and upset on both sides?" Then respond.

Pay special attention to the speed and volume of your speech. When people get excited, they tend to speak quicker and louder and that causes the other person to escalate as well. As the conversation increases in speed, there is less and less thought, and more chance that people will say things that are destructive. Take your time."

Avoid being aggressive but do not fear being assertive. A patient's anger often requires the pharmacy professional to take control of the situation, especially if the patient has crossed a line in their words or behaviour. Your job is to solve a problem not appease the patient.

"How to Resolve Conflict with Difficult Patients" – John V. Guiliana



increasingly becomes aggressive and pounds his fist on the counter]

Pharmacist: “I will help you sort this out, but in order to help you, I need you to slow down and answer a few questions so we can get this done.”

Again, there are two key aspects to this response. Firstly (in purple) the pharmacist takes control of the situation and asserts their capacity to help the patient if the patient can cooperate. Secondly (in blue) the pharmacist establishes conditions that are essential to getting the patient his prescription as soon as possible. This establishes that if the patient continues to escalate their behaviour through a threatening tone, choice of words, or action, the pharmacist won't be able to help him/her effectively.

Conflict Escalation

To understand de-escalation of conflicts and effectively reel the situation back into a calm and respectful discussion, it may be helpful to understand how conflicts can escalate in the first place. The College of Nurses of Ontario's Conflict Prevention and Management Practice Direction notes a number of factors that escalate conflicts. These factors can be relevant to all healthcare professions. In short, here's what the College of Nurses of Ontario recommends **NOT** to do in tricky situations.

- 1) Do **NOT** judge or label the patient
Example: “You irresponsibly failed to inform the pharmacy that...”
- 2) Do **NOT** use a threatening tone or non-verbal language
Example: standing too close to the patient, raising voice, speaking too quickly
- 3) Avoid expectations that are based on an incorrect understanding of the patient's point of view or ethnocultural beliefs
Example: thinking a patient does not understand English simply due to their accent or appearance

Conflict De-Escalation: The AVID Approaches

Assume positive qualities about the patient, for example:

- They are reasonable
- They are not trying to cause difficulty
- They may have something problematic going on that has nothing to do with you

Validate the unknown, for example:

- Ask the patient what is going on
- Seek to understand their behaviour instead of simply commenting on it

Ignore the unchangeable. Sometimes, due to a history we might have with the patient, it may be difficult to assume the positive or even validate the unknown. In this case, a conscious decision to let things go may be most helpful. However, it is important to use this approach sparingly, especially if the situation is serious, repeats itself, or requires action instead of avoidance.

Do something productive, for example:

- Ask for the help of a colleague in assisting the patient
- If possible, ask the patient to come back to resolve their concern at a later time, when perhaps more time can be devoted to the issue
- Debrief the situation and seek the advice of a friend or mentor
- If the conflict is negatively affecting your mental health, discuss the situation with a mental health specialist



Positive and Negative Language

Occasionally, pharmacists need to share unpleasant news with their patients. Using

positive language can help mitigate frustration or avoid exacerbating the patient's anger. The following is adopted from Guiliana's "How to Resolve Conflict with Difficult Patients"

	Positive Language	Negative Language
Characteristics	• "Tells the patient what can be done • Suggests alternatives and choices available to the patient • Sounds helpful and encouraging rather than bureaucratic • Stresses positive actions and positive consequences that one can anticipate"	• "Tells the patient what can't be done • Has a subtle tone of blame • Includes words like "can't", "won't", "unable to" and other words that tell the patient what the pharmacy cannot fulfill • Does not stress positive actions or possible solutions"
Examples	• "If you can send us _____, we can complete the..." • "It seems that you have a different viewpoint. Let me explain our perspective" • "Might we suggest that you..." • "One option open to you is..." • "We can help you to _____ if you can send us..."	Negative language that implies the patient is careless: • "You neglected to" • "You failed to" • "You overlooked" Negative language that implies the patient is lying: • "You claim that" • "You say that" • "You state that" Negative language that implies the patient is not intelligent: • "I cannot see how you" • "I fail to understand" • "I am at a loss to know" Negative language that imply coercion or pressure: • "You should" • "You ought to" • "You must" • "We must ask you" • "We must insist"



Root Causes of Conflict

In “Strategies for Conflict Management in Pharmacy Practice”, author Kraig L. Schell defines conflict as something that “occurs when individual X suspects that individual Y either has behaved, or will behave, in a manner that is not compatible with the interests of individual X.”

He goes on to note that conflict is inevitable if the participating parties see the situation as a zero sum game, meaning that positive outcomes in the situation cannot be shared and the desired outcomes of each individual are mutually exclusive.

One of the root causes of conflict may be the aim to find someone at fault for a negative effect. Improperly blaming someone for a certain outcome or unintended effect, or lack of effect, can cause conflict. For example, if a patient is upset that their medication isn’t “working”, they may be inclined to blame you, the pharmacist. Likewise, you may be inclined to blame the patient for negative, or a lack of, effects of a medication if the patient has not been adherent to the medication regimen.

As discussed earlier within this resource, poor communication can be a source of conflict. Harsh tones, corrections, or warnings can anger a patient and cause conflict. Conflict can also be caused by differences in personality, communication styles, or perceptions.

Conflict Resolution by Subordinate Goals

Conflict resolution occurs when all parties involved feel listened to and prepared to pursue a solution or conclusion they can accept as reasonable. Note that this doesn’t imply that everyone is “happy” or every party “gets everything they wanted.” It only implies that the parties agree to settle with a certain course of

action. This state of resolution can be achieved through subordinate goals.

Subordinate goals are “goals that can place the conflicting parties in a situation where they must work together to achieve the goal” since they “appeal to values or interests that all parties share.” In conflict, these shared values or interests are often hidden or ignored. Conflict resolution by subordinate goals brings them back to the forefront of the conversation.

For example, a patient may overlook their shared commitment to health and well-being, choosing to focus on the pharmacy’s interest in profits instead. Pharmacists can try to re-focus on shared goals.

Collaboration in Conflict Resolution

Conflict resolution is a collaborative process, and both parties may need to compromise in order to reach an acceptable conclusion to the conflict. It’s important to recognize that your interests are likely not incompatible with the interests of your patient. Often, you can try re-focusing on these common values, like the patient’s health outcomes, convenience in accessing services, and so on.

Responding to Threats of “I’ll Go Elsewhere”

It may be difficult to respond when a patient threatens to take their business elsewhere. You might be inclined to either plead with the patient or respond with indifference that further angers the patient.

Schell notes that you can instead use this as an opportunity to emphasize how your pharmacy has helped them in the past and how you can help them now.



Patients always have the right to go to a different pharmacy. Your pharmacy must cooperate with any such desire. It's important to emphasize that while you wouldn't want to lose them as a patient and are not indifferent to their business, the decision is ultimately in their hands and you will respect whatever decision they make.

Termination of a Patient-Pharmacist Relationship

Unfortunately, there may be cases in which the best way to resolve a conflict is to terminate a relationship with that patient. The College has a [Practice Direction on the Termination of Relationship with Patient](#) for these cases. A relationship should be terminated only when other reasonable conflict resolution efforts have been exhausted.

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