Managing Difficult Conversations

Why are they called "difficult conversations" and who are they for?

They are called difficult conversations because they are emotionally charged, there may be a power differential between those having them, and there is often a fear of retribution for expressing a person's feelings and perceptions. Difficult conversations are just that, difficult. Difficult conversations take courage to participate in from both the giver and the receiver's perspective. Difficult conversations must occur, though, before true communication and collaboration can be reached. They occur at all levels of an organization and between every profession.

Difficult conversations take practice to master. Both schools for healthcare professionals and organizations should prepare their students and staff to learn this important skill. The skill can be used to discuss incivility and bullying, performance feedback, and disciplinary actions and is as important as learning to take a blood pressure or writing a business plan.

People do not come to work with the intention to be incivil or to be a bully. They start with the intent to do a good job and work together with their colleagues and then something goes awry. There is no intentionality to make a nurse, student, or resident cry and go home feeling a failure. However, behaviors can lead to those reactions.

There are 2 types of participants in any act of incivility and bullying.

- *Bystanders* – They witness the incident and absorb the negativity. Do not underestimate how strong the reaction can be for bystanders. It can be as if they were the target of the insult. Bystanders can be students, staff, or patients. They watch to see how incivility and bullying are managed and judge the culture accordingly.
- *Collaborators* – These are the givers and the receivers of the insult.

To build a culture of civility and respect, leaders must address the incivility for both bystanders and collaborators. Bystanders need to see that the values of the organization are lived. Culture is transparent – everyone is part of it and everyone contributes to it. So when planning a difficult conversation, determine if it will be with just collaborators, just with bystanders, or if a combination of the two. Several conversations may need to be planned for any one incident.

Many organizations write "no tolerance policies" to determine repercussions of incivility and bullying. Caution should be taken in how these are crafted. If the discipline policy escalates too quickly, students and staff may choose not to report for fear of destroying someone's career. Patients and families may not report staff for fear of receiving poor care or no care when they need it. Yet, policies must lead to severe disciplinary action, including termination of employment, should disruptive behaviors continue. So a balanced approach is needed.

This is especially true because there are also 2 types of offenders.

- *Innocent offenders* – Words and behaviors have power. These offenders do not realize how hurtful their actions have been or were perceived. Behavior can be changed if addressed early.
- *Long-standing offenders* – Behaviors are well-established and have not been addressed over time. They believe that because their behavior is tolerated that it is acceptable. Bystanders observe that these offenders are protected by the organization for numerous reasons. Their unaddressed behaviors are not just disruptive to the work of the day, but they can directly lead to loss of human capital and medical errors. These offenders will need more direction and disciplinary escalation (as needed) to change behavior.

How do I tell my colleague, preceptor, or supervisor that I think that he/she was incivil to me or that I felt bullied?

A modification of the *Buckman 6 Steps to breaking bad news* can be used to plan *Respectful Conversations for Difficult Situations* in the workplace. For the actual delivery of the message, a technique from Sloan Weitzel and the Center for Creative Leadership is very useful called SBI for *situation-background-impact*. Combining these two approaches provides a gracious and respectful setting, structure to the conversation, empathy to those involved, and a plan and follow-up based on organizational policy.

How do I plan a *Respectful Conversation for a Difficult Situation*?

- Step One-Plan:

◊ Validate the information to be shared if it came from another party. For example, if you are the Department Nursing Manager and you will be speaking to the Attending Physician on call Friday night and the conversation is regarding an incident between the attending physician and a nurse, the information needs to be reviewed for accuracy and completeness before the meeting is planned. Determine the involved bystanders and collaborators.

◊ Determine the focus of the conversation. The conversation will not be valued if it is to cover every episode of incivility from over the past year between the collaborators, or if it is extended to other parties. For example, a focused conversation might be regarding just the incident Friday night at 8 PM when Nurse Jones tried to reach Attending Physician Doe regarding a patient concern and was told to stop calling. The nurse reported feeling bullied and was concerned that should this occur again, that patient care might be impacted.

◊ Invite the conversation participant(s) to meet. Arrange for a setting, without interruptions, for the conversation to take place. Depending on where the offender is in the civility process, the conversation might be over a “cup of coffee” as recommended as a starting place by The Joint Commission, or in a private office.

- Step Two-Check Perception:

◊ Build a gracious space filled with good intentions and respect. Start the conversation out with the reason for the meeting. Using the example above, you state that you want to discuss the incident regarding Friday night at 8 PM when Nurse Jones tried to reach the Attending Physician regarding a patient concern. Think of the conversation as an unfolding story. It is the SITUATION in *situation-background-impact*. Do not start with too much information. Do not start with pointed language such as "when you told her to stop calling you". Pointed language becomes personal, contributes to an already emotionally charged conversation, is disrespectful, and will close down communication before it begins.

◊ Determine the other person's perception of the event, what was the BACKGROUND in *situation-background-impact* from his/her perspective. Remember that the conversation is an unfolding story. Listen quietly, only interrupt to check information or ask the other person to expand on a comment. Letting the other person go first in the conversation opens communication and demonstrates respect for the other person's perspective.

- Step Three-Deliver Your Message:

◊ *Situation* – Repeat the situation and expand further from Nurse Jones perspective. On Friday night, when Nurse Jones called you regarding Patient Smith's escalating blood pressure, she reported that you told her not to worry, everything would be fine, and to stop calling you.

◊ *Background* – Nurse Jones was very concerned that Patient Smith was at risk for a hypertensive crisis and that his escalating medical needs were not being attended to. She had been at his bedside all afternoon and the increasing blood pressure was a significant concern for her. The family approached her several times asking what the doctor was going to do about it. Nurse Jones was warned by her colleagues that she shouldn't call you after 7 PM unless it was an emergency, but she felt that this was important. She wanted you to know about the situation, determine if anything needed to be done immediately, and prepare a plan for the next hours. She is an excellent nurse with strong critical thinking skills.

◊ *Impact* – The result of the incident on Friday night was that Nurse Jones felt disrespected, devalued, marginalized, and bullied. The bystanders to the incident – the family and other staff, also felt marginalized. Nurse Jones and the other nurses are worried that next time they need to call you that they will hesitate and that it might negatively Impact the care of another patient.

Pause. Let the other person gather his/her thoughts and respond. Listen.

- Step Four: Put yourself in the other person's shoes, empathize.

◊ This step is overarching to the entire conversation. It promotes mutual respect. Be comfortable with pauses and truly listening to the other person. There is no short cut to providing a gracious space for communication and collaboration.

- Step Five:

◊ Summarize and Follow-up. Review the highlights of the conversation. Check for mutual understanding. Determine what is to come next before the meeting per the organization's policy. A conclusion must be reached. In this example, it might be that the Attending Physician will have a private conversation with the nurse and explain that he/she did not intend to be incivil or a bully and apologizes for the behavior. This is an example of *restorative justice* and the commitment to repairing harm. Another conclusion, however, might be that the Attending Physician does not think that his/her behavior is problematic. In this scenario, the Department Nursing Manager will need to state that he/she will take the behavior to the next level of administration e.g. Chief Nursing Officer and Section Chief or Chief Medical Officer per the policy.

Disruptive behaviors take a committed effort to change. Leaders must be overt and transparent in their efforts knowing that bystanders are equally affected by incivility and bullying. Leaders cannot afford to lose human capital or risk medical error because they value a disruptive collaborator more than the organization. They must live the values of the organization or the culture will be that incivility and bullying are tolerated.

Resources

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