

RESOLVING CONFLICT IN THE O.R.

Robin Keith, CST, RN, CNOR, BSN

Conflict is inevitable and even necessary in the modern world, where change is constant.

Consider the many changes that can occur in the operating room—new staff, new supervisors, new equipment, and new surgical procedures. Case in point: the transition from open to laparoscopic surgery.

Unfortunately, a magic formula doesn't exist for dealing with the conflict that results from these changes.

RESOLUTION IN THE O.R.

Conflict resolution in the operating room requires that both people involved are able to come to an understanding that allows them to work together in a mutually respectful manner. Conflict resolution is imperative in the operating room. Patients depend on the O.R. staff—as a team—to provide optimal patient outcomes.

ATTITUDES THAT PREVENT RESOLUTION

Conflict is typically stressful, because of attitudes developed early in life.

Passive attitudes include thoughts such as: “Ignore it, and eventually it will go away. Keep your mouth shut, or you'll make it worse.

Aggressive attitudes may present themselves as: “Don’t be anyone’s doormat. Always stand up for yourself. Don’t get mad; get even.”

Examples of how these two attitudes might manifest in the O.R.: “I didn’t do anything—he did! She can’t take a joke? I didn’t open that—I wasn’t even in here; I was at lunch.”

Or maybe no words are said, but actions reveal the person’s true feelings. For example, a surgical technologist begins placing instruments in the surgeon’s hands with unnecessary force, following a verbal confrontation.

Most people in this profession can relate to these scenarios. Conflict is a normal part of the surgical environment and requires learning how to deal with it productively. Not dealing with conflict productively creates a vicious cycle of repeated passive and aggressive behaviors.

ACHIEVING RESOLUTION

Successful conflict resolution in the O.R. can be related to two things: self-awareness and communication.

SELF-AWARENESS

In a conversation between two people, the listener forms a perception of the speaker based on the speaker’s words and actions. Body language also must be considered. Therefore, it’s important to stop and think before acting or speaking.

If the speaker fails to do this, he or she may end up reacting. Reacting means that the speaker is allowing his or her emotions to rule the moment. Generally speaking, this does not produce good results. Therefore, speakers must maintain self-control over their emotions.

Passive-aggressive personality disorder¹

Definition

A chronic psychological condition in which a person appears to comply with the wishes or requests of others, but actually resists by not complying. This eventually leads to the person becoming increasingly hostile.

Causes

Exact causes of this condition are unknown. As with most personality disorders, a series of genetic and environmental causes are suspected.

Symptoms

Typically, people living with this disorder display some of these characteristics:

- “Procrastination
- Intentional inefficiency
- Avoiding responsibility by claiming forgetfulness
- Complaining
- Blaming others
- Resentment
- Sullenness
- Fear of authority
- Resistance to suggestions from others
- Unexpressed anger or hostility”¹

A person with this condition may even display enthusiasm when asked to complete certain tasks, “but the requested action is either performed too late to be helpful, performed in a way that is useless, or otherwise sabotaged to express anger the person cannot relate verbally.”¹

Diagnosis

This condition is no longer recognized as an official diagnosis. However, professional treatment is recognized as an effective course of treatment for this condition. A professional psychological evaluation, together with a history of symptoms and behaviors, is required for diagnosis of personality disorders.

Prognosis

Good, with professional treatment.

Potential complications

- “Stunted career development despite good intelligence
- Alcohol abuse or other drug abuse or dependence”¹

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1. Dille JW. “Passive-aggressive personality disorder.” MedlinePlus. Available at: <http://www.nlm.nih.gov/medlineplus/ency/article/000943.htm>. Accessed November 8, 2006.

Along with learning self-awareness, there are other factors that influence the success or failure of an interaction between two people. Consider these two examples of outside factors that can have a significant impact on a conversation:

- Is the listener able to focus his or her full attention on the conversation? Co-workers can be distracted by problems in their personal lives. Surgical team members may have had an emergency case earlier that day that's still on their minds. Educators may be distracted by interactions with administrators. Students might be distracted by the microbiology test they took earlier that day.
- Is the listener interested in the topic? Despite a speaker's best intentions, the listener may not be receptive to what's being said if he or she isn't interested in the conversation or the topic.

COMMUNICATION

Together with self-awareness, learning effective communication skills can often prevent conflict from occurring at all. And if conflict does occur, these skills can help both the speaker and the listener cope with it.

Communicating effectively is not inherently natural. Human beings are not born knowing how to communicate well with others. If they were, then conversations would never end with either person feeling intimidated, disrespected, frustrated, or any of the many negative emotions that people experience every day in this profession.

Learning to communicate well is a lifelong process, and periodic reminders are needed. Despite a person's best intentions, his or her old coping patterns are guaranteed to return without constant practice.

TIPS FOR SELF-AWARENESS AND COMMUNICATION

1. IDENTIFY THE DESIRED GOAL OR END RESULT.

Co-workers typically don't live together; they simply need to learn how to work together for a certain number of hours each workday. There-

fore, learning how to create optimal team performance becomes the means of achieving the ultimate goal: optimal patient outcomes.

2. TIMING IS EVERYTHING.

It's a cliché, but it's true. Is this the appropriate time and place for this discussion? An O.R. or busy hallway is not the best place for resolving issues; a quiet, private setting is a better location. By not creating a confrontational situation in front of other staff, there is greater potential for mutual respect to be felt by both people involved. One way to achieve this is to ask, "Can we sit down somewhere and talk a little later?" This gives both people time to digest the situation, to think about the best way to approach it, and to avoid reacting inappropriately.

3. DEVELOP A "WE" ATTITUDE.

Go into conversations with a "we"—rather than "I versus you"—attitude. This conveys a team approach to resolution of the issue. Both people involved are the team, instead of the speaker being perceived as attacking the listener.

4. FOCUS ON THE ACTUAL ISSUE.

Here is a scenario that could happen any day in any city across the country: One CST is called to relieve another CST. As the first CST is reporting off, the person relieving him or her notices that the back table is a mess. Should the relieving person assume that the first CST is a slob and then continue working while thinking increasingly negative thoughts about the first CST?

The relieving CST needs to identify the real issue. Why did the first CST leave the back table that way? Was it intentional? Is this an ongoing issue that should be brought up with a supervisor? Was he or she called out of the O.R. for a personal emergency and didn't have time to clean up?

5. MAINTAIN EMOTIONAL SELF-CONTROL.

Remember that these are long-term professional relationships that must be cultivated, like a garden or flower bed. Give compliments. Be supportive and encouraging. Too often, people don't recognize others for the contributions

Body language has the potential to communicate more effectively—and more quickly—than words.



they make. And everyone makes contributions. When it's appropriate, try saying, "I think you're one of the best circulators in the department. But when we work together, I feel like you're mad at me for something." It's human nature to want to feel appreciated once in a while, especially in a busy environment like the operating room, where time is the driving force and appreciation is often in short supply.

6. OPEN CONVERSATIONS PLEASANTLY.

Maintain a positive attitude. If the timing is not good, follow up later, but soon. Try saying something such as, "It is important to me that we find a way to work together better. Can we go somewhere and talk?"

7. USE EYE CONTACT.

Always use eye contact when speaking and listening to someone. Not looking at someone during a conversation demonstrates a lack of interest on the listener's part and a sense of being ignored on the speaker's part.

8. USE RELAXED EXPRESSIONS AND MANNERISMS.

Ninety percent of communication is nonverbal. When someone's angry, words aren't always needed for others to perceive this emotion. People can learn what their own nonverbal communication "looks like" by looking in the mirror when they're angry or happy.

Tone of voice is another way of communicating emotions. Sarcastic, loud, confrontational—even if the speaker's emotions are a result of something entirely outside the operating room, his or her tone of voice may influence the rest of the O.R. staff.

Practice with a friend. Ask the friend to identify what he or she sees and hears. This is beneficial when preparing to deal with a conflict. In the operating room, we rarely have time to deal with an issue the day it occurs. Having time to cool off and think it through afterwards is a good thing, if we take advantage of this opportunity.

9. AVOID INTERRUPTING THE OTHER PERSON.

Do not interrupt someone; hear them out. Focus on things they say that can be built upon. If the conversation turns adversarial, start over, or offer a way out. Take into consideration that the timing might not be good for the other person. One way to approach this is by saying, "Perhaps we can talk about this later after we have had time to think about it."

10. BE RECEPTIVE TO CRITICISM.

"Can you please share some ways you feel that I might do better?" No one is perfect, and no one can please others all the time. Recognize that everyone has flaws, and try to work on them. Remember, in the operating room, the staff are not what's important! It is about what's best for the patient!

11. ADMIT MISTAKES.

Honesty is an important quality. Competence is not the only thing that will earn someone the respect of his or her peers. Try saying, "I have had a bad day, and I shouldn't have raised my voice at you. I'm sorry."

12. PRACTICE KINDNESS TOWARD OTHERS.

Above all, treat others with kindness. This increases the chances that they will respond with kindness. Think about those few people in the operating room who are pleasant all of the time—the ones who never have a bad word to say about anyone, who always ask how others are doing, and who smile regularly. Being nice goes a long way.

WHEN MEDIATION BECOMES NECESSARY

It is important to recognize that most, but not all, issues can be dealt with one-on-one between the two people involved. When the issue is too

volatile, though, a third party might be needed to act as a mediator.

A mediator serves to keep the conversation on track and has an objective perspective on the matter. In the operating room, this is typically a supervisor or nurse educator.

It is important to recognize that the emphasis needs to be on “resolution” and not on trying to make one person look better than the other from the perspective of the supervisor. To avoid this, some hospitals assign a staff member from a different department, such as personnel, to act as mediator.

Nonverbal Communication

Actions speak louder than words. His actions were so loud that I couldn't hear what he was saying. A picture is worth a thousand words.

Whether a person speaking intends it or not, his or her audience is actually influenced to a greater degree by visual cues and actions than by actual words. In some cases, lack of action—such as a failure to act on a request—communicates more than words ever could.

The operating room is no different than any other place where interactions occur among people, except that the level of stress, urgency, and potential for life-threatening repercussions is significantly higher.

How communication occurs

In general, messages are sent on two levels simultaneously—nonverbally and verbally. If the two are inconsistent, communication is usually ineffective or inaccurate. Unconsciously, listeners tend to judge a speaker's intentions based on the nonverbal cues the speaker is displaying.⁴

Consider the following:⁴

- **Distance**—The distance between a speaker and a listener can convey nonverbal messages. This can be especially important to consider when the speaker and listener are from different cultures, since most cultures interpret and define personal space differently.

- **Orientation**—Are the speaker and listener standing side-by-side, face-to-face? Consider how competitors typically face each other during a confrontation. What message is sent if the speaker is standing and the listener is seated?
- **Posture**—Arms folded across the chest, slouching in a chair. How can a person's words compete with messages like these?
- **Physical contact**—Again, different cultures and different work environments view physical contact differently. Typically, shaking hands and patting someone on the back are done with positive intentions. Not all listeners may receive these gestures positively, though. Evaluate the setting and the prior relationship that exists between the speaker and the listener, and choose contact carefully.
- **Reporting systems**¹—Are O.R. team members allowed the freedom to report and discuss errors, either with other team members or with supervisors? An organization's history of dealing with mistakes and feedback is one way of nonverbally telling employees whether or not they should even attempt communication.
- **Rank, title, education level, and status within an organization**—Before words are even said, all of these influence both the speaker and the listener. Are differences in

these four categories appreciated, respected, or held against hospital employees?

- **Diversity**¹—Together with the four categories listed above, how are differences in gender, culture, professional experience, and personal lives addressed within the team and within the larger organization? Diversity is a buzzword that's supposedly valued in most industries; but again, actions speak louder than words.

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AN EXCEPTION TO THESE RULES

It should also be noted that there are times when it is best not to say anything at all. If a member of the O.R. team is upset and frustrated, and he or she is projecting that frustration onto the rest of the team, it may be best to ask oneself, "Is the frustration caused by the complexity of the situation or by the actions of the team?"

If it's the situation, then it may be wise to allow that person to vent his or her emotions. Surgical technologists know best the moods and idiosyncrasies of their surgeons and their fellow team members.

ABOUT THE AUTHOR

Robin Keith, CST, RN, CNOR, BSN, is chair of the surgical technology program at Asheville-Buncombe Technical Community College in Asheville, North Carolina. Prior to this, she was a cardiothoracic and peripheral vascular nurse for 14 years. She is also vice president of the North Carolina Alliance of Surgical Technology Educators (NCASTE).

Editor's note: We would like to hear from readers who have experienced successes or challenges in dealing with conflict resolution in their O.R. Please send your thoughts or feedback to publications@ast.org. Or post a message on the discussion board at www.ast.org. (It's free and easy to do.)

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Positive and Negative Expressions and Behaviors

The following is a list of negative (or inhibitive) and positive (or facilitative) expressions and behaviors. The negative have been broken down into three categories. Most surgical technologists have seen or experienced these in the O.R. at some point in their careers. For successful conflict resolution, work on practicing the positive expressions and behaviors.

Negative (Inhibitive)

I. Distraction/Disinterest

- Looking elsewhere
- Hand on face
- Fist under chin
- Tugging hair
- Cracking knuckles
- Picking at fingernails
- Moving in your chair
- Shifting positions while standing
- Wringing hands
- Tapping fingers on a table

II. Annoyance

- Scowling, frowning
- Arms crossed
- Lips pressed tightly together
- Disagreeing

III. Intimidation

- Fist clenched
- Invading personal space
- Insensitive, judgmental
- Belittling
- Defending

Positive (Facilitative)

- Eye contact maintained
- Relaxed facial expressions
- Open stance
- Maintaining personal space
- Finger on cheek
- Hand stroking chin
- Head nodding
- Lips slightly parted
- Leaning slightly toward listener
- Listening
- Speaking clearly and professionally

Author's note: There are numerous books available on conflict resolution. Your local library has a variety of books on this topic. Employee assistance networks and local mediation centers are also valuable resources for information. There are excellent one-day seminars available that can be scheduled for in-service days. Good luck to you all as you work toward bettering your interactions with co-workers to further enhance optimal patient care!

Resolving conflict in the O.R.

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Resolving conflict in the O.R.

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1. What percentage of communication is nonverbal?
 - a. 95%
 - b. 75%
 - c. 80%
 - d. 90%
2. Which type of attitude promotes teamwork in the O.R.?
 - a. I
 - b. We
 - c. You
 - d. All of the above.
3. Which of the following is not involved in learning self-awareness?
 - a. Assessing the listener's level of distraction
 - b. Becoming aware of body language
 - c. Maintaining emotional control
 - d. Minimizing the amount of reactive behavior
4. A member of the O.R. team who consistently blames others for work that is never completed may be displaying...
 - a. Procrastination
 - b. Ineffective communication
 - c. Passive-aggressive personality disorder
 - d. Nonverbal communication
5. Subtleties that can affect communication in the O.R. include all of the following except...
 - a. Education level
 - b. Complexity of procedure
 - c. Error reporting methods
 - d. Perceived status of the speaker or listener
6. Facilitative behavior by a listener can include...
 - a. Consistent eye contact
 - b. Defensive body posture
 - c. Interactive personal space
 - d. Constructive criticism
7. Successful conflict resolution in the O.R. is related to...
 - a. Self-awareness
 - b. Communication
 - c. Cultural biases
 - d. Both a. and b.
8. Which of the following statements is incorrect?
 - a. Mediation may be necessary if an issue is controversial.
 - b. Body language is a good indicator of a conflict's central issue.
 - c. Personal space differs among world cultures.
 - d. Chronic inefficiency may be a sign of passive-aggressive personality disorder.
9. Belittling someone is an example of...
 - a. Inhibitive expression
 - b. Passive attitude
 - c. Distractive behavior
 - d. Repressed personality disorder
10. Conflict resolution in the O.R. can be impeded by ...
 - a. Distance between surgeon and surgical technologist
 - b. Unforeseen changes in technology
 - c. Personality characteristics
 - d. Self-awareness

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Mark one box next to each number. Only one correct or best answer can be selected for each question.