



Navigating Through Conflict in the Operating Room

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Despite the high demands of accuracy, stress, time, pressure and vast diversity of the surgical personnel, OR people have learned to work extremely well together. Still, conflict occurs from time to time and has become part of the operating room's atmosphere.

Picture the following scenarios. A surgeon throws a round basin full of saline over a surgical technologist because it was not at the expected temperature. A couple of circulating nurses curse at each other, at the top of their lungs, fighting over the equipment a surgeon intends to use in a nasal sinus endoscopy. A surgeon jumps up and down hysterically in front of a nursing station because he did not get all three rooms he requested to run cases simultaneously. An anesthesiologist is removed from the surgical suite in order to prevent a fistfight with the surgeon over a difference of opinion on a type of medication the patient should receive during the procedure.

During a normal day, the operating room is a controlled environment where risk-taking is carefully measured and people work together as a team like a well-oiled machine. Nonetheless, when animosity arises, it is imperative to know how its dynamics can negatively impact the work environment.

WHAT IS CONFLICT?

The collective notion of conflict is that it is the struggle between individuals and is rooted in disagreements due to people's differences in needs, interests, perception, ideas, desires and values. As each individual differs from one another, the need for defending those differences increases,⁴ therefore, conflict is natural, necessary, and most of the time, unavoidable.² However, an important distinction must be made between conflict and disagreement. While in a disagreement people may agree to disagree, the relationship remains unhurt. After all, people cannot always expect to agree on everything. Conflict is much more than a mere disagreement, it has the potential to lead to harmful and violent encoun-

LEARNING OBJECTIVES

- ▲ Define the dynamics of conflict
- ▲ Identify the sources of conflict in the operating room
- ▲ List six of the common conflict management styles
- ▲ Learn how to handle any type of communication conflict
- ▲ Review specific strategies for managing conflicts

ters when the parties involved allow a disagreement to turn into a heated argument and tension escalates the situation.⁷

DYNAMICS OF CONFLICT

Understanding the dynamics and forces surrounding conflict is vital. In the event of conflict, people commonly engage based on three main dimensions: perception, emotional and behavioral. *Perception* reflects the way the brain is wired. The way people think and perceive situations determines their views on how things should be or develop. Each individual reasons and sees things in different ways. The *emotional* reactions raised in a conflict are usually linked to the individual's perception or interpretation of situations during the conflict, which can make one feel angry, powerless, hurt, bitter, resolute or happy. Whereas *behavior*, is the action or response articulated to the individual's perception and feelings.

A secondary influential factor that contributes to the way people learn to react when engaged in discrepancies is through environmental associations while growing up. For instance, a child who was taught that a fierce dispute is simply a way parents communicate to fix things at home may eventually impact the child's behavior and lead to engagement in aggressive or violent disputes to win arguments during adult life.

SOURCES OF CONFLICT IN THE OPERATING ROOM

The OR congregates a widely diverse community with different occupational training and professional interests and responsibilities (surgical technologist, nurses, doctors, physician's assistance, etc). Each comes from diverse cultural backgrounds, having different personalities, interests and interpretations, but they all work together under one roof with one common goal – patient care. Adding to this vastly eclectic group of people, goals, time and pressure, the potential reasons for conflict are endless. The following presents the most basic sources of conflict.

Inability to Cope with Work Stress

There is the saying, "stress is the mother of all conflicts." In modern society, work environments use certain levels of stress as motivators to increase productivity. In reality, stress can make people become one of two things: more focused and productive, or stressed to their breaking point.

Let's say a CST is doing a lunch relieve for a carotid endarterectomy. A circulating nurse, new to the OR, is assigned to the room due to being short-staffed. The circulating nurse keeps running in and out of the room every time the CST or the surgeon asks for something, and every time, the circulat-

ing nurse brings the wrong item back. The surgeon becomes furious and takes it out on the CST. The CST replies, "It is not my fault! I have nothing to do with this!" In the surgeon's mind, he has every right to act as he does. The new nurse may also deflect blame by saying she was assigned to the room, she did not choose it. During the turmoil, the surgeon tries to run out the door to call for another nurse and accidentally trips on tubes and cables attached to the table. He falls to the ground. After the procedure, the surgical team finds the Foley catheter was pulled out when the surgeon accidentally tripped on the bag.

On a typical day, surgical personnel spend many hours working under high levels of stress. Surgical technologists, nurses, surgeons, anesthesiologists and the rest of the personnel must perform complex tasks, overcoming stressful circumstances to provide suitable care to correct patient problems. But, one's inability to handle these stressful situations can create new problems for patients.

Stressful situations can arise in the operating room at any time and test one's coping mechanisms and character. Responding to these challenges in a calm manner and maintaining focus is not always easy. Eventually, the stress and conflict that can potentially strike and take over can change people's moods and attitudes, and instill misery and animosity among team members. On a personal level, one's inability to handle stress may lead to relationship or intimacy problems, unhealthy entertainment and the use of alcohol, tobacco or drugs in order to decompress.

Personality Issues

As mentioned earlier, it is impossible to get along with and agree with everybody all the time. When personality issues get in the way of the team's functionality, it may deter the working relationship among members of the surgical team. Unresolved conflicts due to personality clashes are destructive and directly impact effective communication, increase work-related stress and create polarization. Under these circumstances, the team may lose objectivity, become dysfunctional or counterproductive and experience a decline in performance, thus compromising the appropriate delivery of patient safety and a satisfactory surgical outcome.

Personality conflicts can be hard to handle and perhaps is the biggest challenge for the surgical team if they are not addressed appropriately. Understanding that personality dictates the way people interpret circumstances, deal with stress, communicate with others, respond to conflicts and handle their emotions when solving problems is imperative for maintaining a healthy work environment. It is necessary

EFFECTIVE VERBAL COMMUNICATION:

- Use of dialogue style rather than argument or discussion. *Dialogue* is a win-win approach. It focuses on calmly finding common solutions, considering both sides' perspectives. *Argument* is a win-lose approach. It focuses on defending one's position in an aggressive manner. Discussion is also a win-lose approach in which people defend their positions in a more civilized manner.
- Maintain control of strong emotions.
- Think through before speaking.
- Information is objective, specific, clear, relevant and coherent.
- Message is transferred in a constructive manner.
- Claims are genuine and benefit all parties involved.
- Use of non-threatening, non-offensive words.
- Shows care and genuine concern.
- Looks for the best time to talk.

ACTIVE LISTENING:

- Requires accurate interpretation of the message transferred by the speaker.
- Stops what he or she is doing and sets time aside to listen.
- Is attentive to the message, allows silence and minimizes distractions.
- Decreases personal barriers (emotional reactions).
- Focuses on the main point and evaluates.
- Includes eye contact.
- Faces the speaker in a non-threatening way.
- Uses concerned facial expressions (no rolling eyes or making faces).
- Does not abruptly interrupt.
- Demonstrates empathy and concern.
- Makes open-ended questions to clarify or find out more about the problem.
- Is open to new ideas, criticism or differences of opinions.
- Paraphrases or summarizes the message accurately.
- Acts up on it constructively.

NONVERBAL COMMUNICATION:

- Uses calm tone of voice.
- Uses posture, touch and gestures.
- Shows respect to the speaker.
- Does not make faces when listening (rolling of eyes, annoying expressions, etc).
- Avoids fidgeting.
- Avoids ogling, but engages in eye contact.

EXPRESSIONS THAT MAY HELP IMPROVE COMMUNICATION:

- I honestly care what you are saying.
- Please help me understand better.
- This is what I understand you are saying. Please correct me if I am wrong.
- Allow me to paraphrase to ensure I have heard correctly.
- What can I do to help the situation?
- What would you do to help me out?
- Thank you for bringing this to my attention.

to remember that while it is impossible to control the behavior of other people, one can regulate self-reactions and behavior. Typically, people appreciate and respond well when others understand and respect their individuality. When personality battles are resolved through respect, acceptance, understanding of differences, professionalism and measured response, a potential clash is turned into a partnership.

Constructive vs. Destructive Attitudes

By nature, the surgical environment houses a large number of healthcare professionals with a vast variety of backgrounds and personalities, and therefore attitudes, where the presence of conflict is inevitable. The fast-pace of the work environment and high demands further increase the potential for disagreements. However, conflict is in the eye of the beholder. It depends on the type of lens people see conflict with and the type of attitude they have to adapt when dealing with disagreements. When conflict arises in a surgical setting, people typically choose to assume one of two attitudes: constructive or destructive. This depends on the interpretation of events and the emotions invested in such events.

An individual with a constructive attitude sees diversity in opinion, culture and methods as a path to find solutions that may be different from their own. This attitude carries a genuine intention to learn from each other and an honest concern to find solutions that share a common interest. A constructive attitude toward conflict contributes to the well-being of the group, promotes harmony, equality and respect for others. It also creates opportunity for cohesiveness and uses time outs to calm tense situations. This attitude also focuses on the problem not the person by using proper communication and active listening skills, while not being offensive to others. For those with a constructive attitude, the benefits outweigh the costs and they seek to provide an opportunity to find better solutions, grow as a team, increase knowledge, experience and value. A person with a constructive attitude not only strengthens relationships, but adds to the productivity of the team and promotes a pleasant working environment by diffusing conflict.

A destructive attitude sees differences and others as threats and opponents. Their motivations are egoistical and oriented to control power. This type of attitude seeks to please only individual goals. An individual with a destructive attitude has ideas that are rigid, dictatorial and confrontational, thus creating division, defensive environments, and disrupts the channels of communication by being disrespectful to others. They also may use blame to impose their own views, and becomes aggressive or violent when others don't agree. This type of attitude brings tension, frustration and resentment to the group.

Communication Failures and Teamwork

Faulty communication promotes misunderstandings among team members, which could lead to the detriment of delivery to common goals, as well as the effective function of the operating room. In 1998, the Joint Commission – formerly JCAHO – advised medical centers to review their communication policies and practices to increase prevention of wrong-site procedures and unexpected events involving patient deaths and serious injuries. In spite of this, research conducted in 2011 found that communication errors in the operating room were still prevalent. The findings revealed that within a time span of 150 hours, 76 communication errors affected teamwork performance and endangered patient safety.

Learning how to appropriately manage conflicts is not an easy process. It requires training in communication skills, conflict resolution and self-awareness and then requires practice.

Communication itself requires skills and practice, especially when trying to stay calm and convey a message in the mist of animosity. Like many other skills, effective communication must be learned and practiced intentionally to improve it. The dynamics of effective communication involve more than just talking. Active listening, body language, emphatic attitude and correct interpretation

of the message are all part of being able to communicate effectively.

Improper Body Language

The ability to express one's self in a non-conflictive, non-threatening manner when communicating in the operating room is essential. Facial expressions, gestures, eye rolling, tone of voice, attitudes and postures all speak louder than words. The way one moves, listens, looks and reacts sends messages that can further increase tensions, mistrust and confusion, or can help relieve stressful conditions.

Passive Aggressiveness

Passive-aggressive behavior is the indirect expression of hostility. It typically is triggered by an underlying issue within the individual who displays such behavior. In the work environment, it provokes stress, frustration, confusion and hurt feelings. It is disruptive and can potentially endanger the safety of patients and quality of care by creating division within the surgical team.

In 2012, the American Medical Association's "Code of Medical Ethics" identified passive aggressiveness as a disruptive behavior, defining it as a "personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care."

In passive aggressiveness, the individual is unable to express anger or disagreement directly. They may use non-verbal communication and tend to take control of situations by creating chaos and confusion. A co-worker who acts normal and compliant when others are present, but then in turn is hostile, ambiguous, unengaged, stubborn or deliberately fails to accomplish requested tasks to make others look bad, creates drama, manipulative, gossips, makes sarcastic or degrading comments behind someone's back and sabotages the team's process by creating unreasonable delays is passive aggressive.

Professional Rivalry

For the most part, perioperative teams work cohesively to make sure patients are well taken care of and procedures are performed successfully. Though, due to the differences in roles and responsibilities, as well as individual perspectives or personal interests, professional rivalry among the surgical team often brings animosity. Professionals who feel threatened frequently try to prove their performance and act superior to their opponents. This creates tension in the group, reduces creativity, damages effective communication

and eventually corrodes the attitudes of other members of the surgical team, which can potentially jeopardize the integrity of patient care.

Distrustful Attitudes

Distrust is a destructive mindset that leads to conflict and deterioration of the team's effort. It can be, to some extent, offensive for the experienced professional and a form of passive aggressiveness. For instance, a distrustful team member may feign concern for the patient in order to put colleagues down due to personal agendas, competition and so on. A distrustful attitude may be spurred by an unwillingness to trust people because of unfounded reasons. Distrustful attitudes are primarily rooted in individual interests, self-centeredness, rivalry, differences among group members, harmful stereotypes, negative experiences and so forth. The antagonistic attitudes and competitiveness a chronic distrustful person brings to the group impairs proper functionality of the team, decision-making and may increase the likelihood of poor communication between team members, which has been linked to preventable deaths in hospitals.

Bullying

"Eat their young" is a common expression used in the confines of healthcare. It is made in reference to nurses, doctors and even surgical technologists who for no apparent reason torment and intimidate targeted new professionals entering the field. However, this is bullying. Bullying does not only target new incoming professionals either. An attending surgeon who yells at a team member, makes sarcastic, condescending or derogatory remarks, such as, "Have you done this before?" "Why is it taking you so long?" or calls for "Someone who knows what he's doing," is bullying. A nurse who purposely and constantly picks on a team member's performance without cause, is bullying. A colleague CST who sabotages another's work by holding information, quietly spreads rumors or writes negative comments in the locker room are all examples of bullying.

Bullying is a learned aggressive behavior, is intentional and is carried out recurrently over time. Although bullying is not necessarily inflicted by a person in command, its intent is to take control and gain power. The effects of bullying are detrimental for the health of the surgical team and the patient. It brings anger, demoralization, decreased job satisfaction, loss of self-esteem, anxiety, unhappiness and depression to its members. It also impairs effective communication and contributes to the dysfunction of teamwork.

SEARCH FOR THE APPROPRIATE STEPS TO FIND RESOLUTIONS.

1

Identify the cause of the problem. It is almost impossible to solve a problem without knowing what it is and what causes it.

2

Identify the emotions associated with the problem. Emotions play an essential role in conflicts. Learning what the feelings are that cause and escalate the conflict will help to prevent future conflicts.

3

Identify the impact of the problem. Before jumping into the battlefield to defend a position, evaluate the nature of the conflict and level of importance. Most confrontations are not related to the actual problem.

4

Identify the impact of the solution alternatives. A problem has a number of solutions; however, not all solutions will benefit or make everyone happy. Be mindful about the effects of each solution on the team as a whole.

5

Evaluate all possible solutions and chose the most beneficial. The best practice is to examine various solutions and choose the most suitable solution that meets the goal and brings the team together.

Moreover, bullying can injure patients. The Joint Commission stated in the 2008 Sentinel Even Alert, "Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes." In 2009, the Joint Commission introduced a new standard and began enforcing healthcare centers to develop a "code of conduct that defines acceptable, disruptive and inappropriate staff behaviors," encouraging leaders to address and report disruptive behavior at all levels of care and management, including administrators and independent practitioners. In addition, the new standard empha-



sizes that, “Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment.”¹³

Conflicts Due to Disparity in Moral and Ethical Views

Moral conflict theory identifies its sources on values and ethics. People differ in cultural backgrounds, education and points of view, the same way they differ in understanding and interpreting moral standards and ethics. In the OR, time-out, surgical conscience, task priorities and other directives, whether enforced or not, are a matter of individual interpretation of those rules which can lead to disagreements.

Conflicts in morality and ethics carry several detriments to patient care and to the surgical team when they are not addressed properly. Misunderstandings, distrust, hostile communication, negative stereotyping and non-negotiable attitudes are some of the dynamics that moral conflict brings to teamwork. Because moral conflict is deep-rooted in culture and values, individuals tend to be inflexible on their positions, therefore, these types of conflicts are difficult to resolve.

Lack of Empathy, Appreciation and Respect

Of all the employees working in the various departments within a hospital, operating room personnel belong to a different breed. Surgical technologists are well accustomed to working long, extended hours under stress, while giving concentrated efforts, maintaining stamina, navigating through challenges, dealing with different personalities, system failures, unexpected circumstances, etc. Yet, they achieve goals and meet work demands in a timely manner. Developing a “double skin” is vital for their mental health. Surgical personnel become resilient, determined, and in some respect, immune to the dynamics and impacts of animosity. Along with this, some folks may seem to have lost empathy and appreciation, and become bitter. Some might even say, “Why should I feel bad about other coworkers in the OR? After all, I go under the same struggles.”

Empathy is being able to understand and feel emotions and feelings as others do. Empathy or compassion is an essential skill for healthcare professionals as it plays a vital role in patient care and as a member of a successful team. The lack of appreciation and respect from surgeons, nurses and coworkers frequently results in anger, stress, low self-

esteem, communication and team functionality breakdown, as well as affecting individual performance and compromising patient care. Studies conducted in perioperative services care of the surgical patient have largely stressed the importance of healthy employee relationships as a crucial component to suitable functionality of the operating room.

MANAGING CONFLICTS

The role of the CST requires aseptic techniques and surgical skills, along with the ability to interact successfully with all other surgical team member while under stressful situations. Most of the time, CSTs need to remain neutral and calm in order to focus and solve problems, but it is a difficult task when emotions are compromised due to overwhelming situations. Learning how to appropriately manage conflicts is not an easy process. It requires training in communication skills, conflict resolution and self-awareness and then requires practice.

Conflict Management Styles

People engage conflict in different ways, depending on their mindset and personality. Among others, six common styles have been identified.

1. *Avoiding* or retreating from the potential conflict may not always be the best course of action, but it all depends on the circumstances. When the conflict is trivial or in danger of escalation, an individual may want to buy time to find better solutions and prevent rushed decisions.
2. *Accommodating* the other party by agreeing to points of view that one actually disagrees with provides a temporary solution to the conflict, but may cause resentment.
3. *Confronting* is a fitting course of action when dealing with conflict. According to research, confronting the other party can provide long-lasting solutions. However, confrontation must be handled with care to avoid the conflict becoming aggressive and escalating.
4. *Competing* promotes one's viewpoint without concern to the needs and interests of others. Competing does not solve conflict, yet instead it tends to be inflammatory and promotes a win-lose situation. Conflict may

escalate from this approach.

5. *Compromising* addresses a conflict more directly than avoidance and is a better approach than confronting. Choosing this style allows negotiating points of view, finding a common ground and agreeing to disagree, if necessary.
6. *Collaborating* is considered the best way to find long-lasting solutions to a conflict. It explores multiple options and viewpoints, incorporates creativity, and works out solutions that benefits both parties.

STRATEGIES FOR MANAGING CONFLICTS

When facing conflict people can choose a healthy or unhealthy way to manage and resolve a conflict. The following recommendations were compiled to assist fellow surgical technologists and healthcare professionals who are interested in finding strategies to solve conflicts in a healthy way.

Healthy Approach to Conflict Resolution

- *Define the conflict and why it makes others feel so uncomfortable*

Defining the content of the conflict in specific terms and identifying the underlying emotions is probably the most essential step. Exploring and recognizing the dynamics and causes of conflict in an honest way will give clarity to make fair judgments, diminish one's own reactions and help focus on the issues that can lead to disagreements. Typically, conflict arises when people get upset at facing disagreements due to differences in perception, ideas and methods of practice. An appropriate and healthy approach is to ask questions to understand clearly the roots of the conflict before putting the boxing gloves on. Is it the circumstances that creates the anger, or is the other person's attitude and personality that triggers it? Is it the situation

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that creates an uncomfortable feeling or is it the actual person causing it? In what circumstances does this person say or do things that triggers angry feelings? Is there a specific reason for that? What needs to be done in order to prevent this from happening again?

- *Focus on the issue, not on the person*

Most conflicts are not about people individually, but rather the way individuals handle conflicts and solve problems. When people face problems, they tend to focus on individuals as the root of the problem rather than focusing on solving the issue. Examples include: the saline or water is not at the temperature it needs to be; the suture is not the type the surgeon normally uses for this procedure; the instruments are not lined up the way they should be. These are all circumstances that make some individuals infuriated, defensive and even look for someone else to take the blame. When conflict rises due to unexpected circumstances, blaming others escalates the heat of the moment. A more constructive attitude is to solve the problem the easiest and quickest way possible. This increases the chances for a better outcome. Once the problem is solved, moving on to find productive ways to prevent the situation from happening again, without getting into a battle, is a logical step.

- *Facing rather than ignoring the conflict*

Talking face to face with the person having a conflict opens up opportunities to negotiate solutions, shake hands and move on. This approach is never easy and takes a lot of insightfulness. However, ignoring conflict usually leads to frustration, unhappiness, anger and resentment, as it usually never goes away on its own. Before meeting with the other person involved in the conflict, one should plan ahead on how to handle the conversation, revise one's own attitudes and motivation and decide on the best way to convey ideas and feelings using effective verbal and non-verbal communication. Many conflicts are resolved by adjusting one's own methods of resolution.

- *Avoid confrontation in public*

Public confrontation never solves a problem, and almost always creates a bigger one. Some people may be used to confronting others in public, thinking it is the best way to demonstrate power. However, no one learns from being mocked in public. Confronting others in public may cause embarrassment and escalate the conflict. It is recommended for confrontations to be done in private and in front of a neutral conflict management professional or mediator who will monitor the encounter and aid in levelling the differences.

- *Improve verbal and non-verbal communication*

Effective communication is extremely important when solving conflicts, but it does not come naturally. Skills need to be learned through training and practice to per-

fect them. For communication to be effective, it must have all its components in correct alignment: verbal communication, non-verbal communication, active listening and empathy. The parties involved share an interchangeable role between the transmitter and receiver.

- *Barriers affecting communication and conflict resolution*

When conflict arises, communication becomes impaired because of an individual's reactions, attitudes and postures used to adapt to particular situations. Walls may go up and parties may become defensive, even in a passive way. These natural responses to self-protect are called barriers. A barrier may not affect the ability to talk, but it does affect the ability to connect to others and solve problems in an amicable way. Barriers are identified as coming from different sources: interpersonal, emotional, gender, physical, perceptual, cultural and linguistic.

- *Interpersonal* barrier affects the way people communicate with others. Character, personality, emotional outburst, selectivity, poor listening skills and personal views intervene on how one relates to others. The operating room is filled these types of barriers, but people generally get along and work together for the most part. However, it may be necessary to learn to bypass these personal barriers to enjoy a better working environment.

- *Emotional* barrier is the ability to control one's own reactions in front of conflictive situations (angered, overwhelmed, fearful, distrustful, intimidated, vulnerable, crying, violent, etc.). Situations during case management or preparation may trigger peculiar reactions and at the same time generate negative responses from others. Exaggerated reactions may not only be detrimental to teamwork, but also diminishes the person's ability to be effective within a team, relate to others, and contribute to conflict resolutions.

- *Gender* barriers focus on the natural differences and responses men and women have when dealing with a problem. While some men focus on the mechanics of solving a problem and moving on, some women may find talking through the issues that caused the problem more important.

- *Physical* barrier is the person's behavior. It is what each individual reflects and says without words about the self and the world. It may be reflected in the way the person talks, acts, dresses and how they adopt postures and body language in a negative or positive manner. Physical barriers separate people from others who are considered strange or not in the same status as their own. Generally, responses are connected to environ-

mental factors while growing up.

- *Perceptual* barriers relate to interpretation of events and the way people deal with situations, the manner in which people view the world, how they see particular conflict situations and their philosophy of life.
- *Cultural* barriers refers to the beliefs, values and ethnical customs that mandate the way humans learn to live their life. It shapes their perceptions, judgments, ideas of individuality and how they relate to others. Culture in itself does not create conflict, but people's attitudes toward other cultures and the tendency to believe that one's culture is superior or inferior to others does.
- *Linguistic* barriers do not refer to language barriers exclusively. It is linked to the way one says things and the expressions or jargon he or she uses to communicate. These differences can cause misinterpretation. It also relates to the inability to say things clearly, objectively and therapeutically at the appropriate time. The words people use may not come out as intended or in the right way and can lead to conflict.
- *Understanding the dynamics of teamwork*
Teamwork seeks a common goal and all members actively participate in the solution of problems. Like the saying goes, there is no "I" in team. When working in teamwork mode, individualistic interest can bring tension and imbalance to group. The surgical team has one goal: to provide successful care to the surgical patient. All the efforts, emotions and interests invested should target that goal.
- *Anticipate the problem*
Anticipation is part of the fundamental training of a surgical technologist. Most of the problems that surgical personnel encounter in the operating room are circumstantial and can be reduced through anticipation. A proactive attitude and preparation for the unforeseen goes a long way. However, not all the steps in the process are controllable. Be mentally prepared for all the things that may go wrong. Murphy's Law states that if anything can go wrong, it will go wrong.
- *Remain neutral*
Surgical technologists work with many people and often serve as middleman between surgeons and nurses and others during surgery. Remaining neutral in the midst of a conflict is adapting a professional attitude. But, it is not always easy, especially when one becomes the target of the hostility. The question is, should a 'fight or flight' approach be taken? When one allows emotions to engage in the conflictive event and equally responds to the

aggressor's offensive remarks and hostility while being in part responsible for the surgical outcome, he or she is no better than the aggressor. Although difficult, it is recommended to remain calm and focus on the job. One then can address the issue with management later.

- *Emotional Intelligence (EQ)*
EQ is a concept based on self-awareness developed in the 90's by Daniel Goleman. The concept states that people have the "ability to manage one's own emotions, impulses and behavior." When a person is capable to do so, he or she can use those emotions and feelings as powerful tools to transform negative situations into positive ones, or at least to monitor the outcome of a particular situation, communicate effectively and reduce tensions during surgery. Problematic situations presented in the operating room are diverse and can potentially sneak up on the CST and ruin a well-planned case. Developing this skill can mitigate the impact of stress producing conflict during surgery.
- *Avoid the disruptive person*
There is always at least one troublemaker in the operating room. This person is usually someone who causes problems, is not pleasurable to be around, does not follow guidelines, always complains over trivialities, is unnegotiable and set in his own ways, bullies coworkers and so on. Dealing with these types of people is challenging. (It is noteworthy to mention that the same conflict resolution strategies cannot be applied to all.) Disruptive individuals carry emotional baggage. Most of their behavior may stem from pathological reasons, such as chronic unhappiness, depression, resentment, egocentricity or obsessive behavior. The most reasonable approach is identifying the triggers and motivations. If it is not possible to avoid this person, remain positive, friendly and neutral while being steadfast. Avoid confrontation and follow hospital policies and procedure guidelines. If the situation is beyond handling, seek assistance.
- *Use sense of humor in conflict resolution*
The idea of using humor does not refer to being the jokester of the OR or making fun of or sarcastically attacking the other person. It means to joke about the problem. When humor is used properly, it becomes a power tool to put situations into perspective, form stronger relationships, relieve stress, reduce tension and helps make the teams happier and more resilient. Humor smooths over rough edges and differences. Research shows that people who laugh together are able to navigate through conflict without wrecking the relationship.

Things difficult to say may be articulated through humor.

- *Seek professional intervention*

It is realistic to assume that not all conflicts will be solved using general strategies. There are conflicts and then there are conflicts. Worst-case scenario, when every attempt to resolve a conflict and all resources are exhausted, it is recommended to take advanced steps and involve management. Most organizations, if not all, have access to professional mediators who are specialized professionals trained in conflict resolution. These professionals will help in settling the differences or make recommendations for further steps.



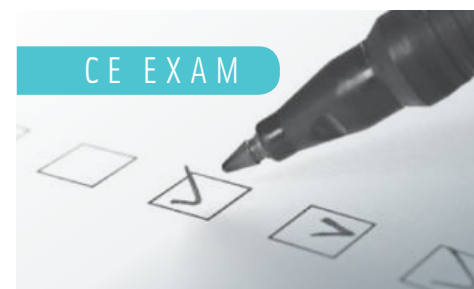
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Navigating Through Conflict in the Operating Room

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1. **The three dynamics of conflict include:**
 - a. Behaviors
 - b. Emotions
 - c. Attitudes
 - d. Only a and b

2. _____ barriers relate to the interpretation of events and the way people deal with situations.
 - a. Cultural
 - b. Emotional
 - c. Perceptual
 - d. Interpersonal

3. **An individual with a _____ attitude sees diversity in opinion, culture and methods as a path to find solutions which may be different from their own.**
 - a. Destructive
 - b. Selfish
 - c. Constructive
 - d. Narcissistic

4. **Sources of conflict that are specific to the operating room include:**
 - a. Bullying
 - b. Rivalry
 - c. Distrust
 - d. All of the above

5. **A 2011 study found that within a time span of 150 hours, there were ____ communication errors that affected teamwork performance and endangered patient safety.**
 - a. 51
 - b. 64
 - c. 76
 - d. 83

6. **One's character, personality, emotional outbursts, selectivity, poor listening skills and personal views are all elements of this type of behavior:**
 - a. Interpersonal
 - b. Emotional
 - c. Gender
 - d. Physical

7. **In 2012, the American Medical Association identified which behavior as a disruptive behavior?**
 - a. Passive aggressiveness
 - b. Bullying
 - c. Indifference
 - d. Lack of empathy

8. **Physical barrier is described as a person's _____.**
 - a. Emotions
 - b. Behavior
 - c. Reactions
 - d. None of the above

9. **This type of conflict management style agrees to points of view that one actually disagrees with in order to provide a temporary solution to the conflict.**
 - a. Competing
 - b. Confronting
 - c. Avoiding
 - d. Accommodating

10. **Although _____ in itself does not create conflict, people's attitudes towards others may create this type of barrier.**
 - a. Gender
 - b. Cultural
 - c. Interpersonal
 - d. Linguistic

NAVIGATING THROUGH CONFLICT IN THE OPERATING ROOM #399 March 2017 3 CE CREDITS \$18

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