How to address difficult communications... positively

STOP: A strategy for dealing with difficult conversations

Cognitive rehearsal
STOP: A strategy for dealing with difficult conversations

By Kathleen Pagana, PhD, RN
Article originally published in American Nurse Today, September 2014, Vol. 9, No. 9

MONICA IS LATE for work again. June has body odor. Brian doesn’t comply with the hospital’s cell-phone policy.

As a nurse manager, you know you need to do something. Are you avoiding the tough conversations required to deal with these issues? What’s holding you back from communicating openly with your staff? This article can help you open up your communication style and stop avoiding tough conversations. (See Topics that can make for tough conversations.)

Preparing for difficult conversations

As with anything, preparation is important. Before confronting someone about a prickly topic, ask yourself:

• What’s the problem?
• How do I feel about it?
• What do I want to be different?

Suppose you need to confront a staff nurse who has been bullying new nurse graduates. Here are the key questions to ask yourself beforehand, along with possible answers:

1. What’s the problem? Answer: A staff nurse is bullying new graduates, who aren’t getting the support they need as they transition to the work environment.
2. How do I feel about it? Answer: I am angry and frustrated. If this keeps up, I will lose staff. There’s also the issue of patient safety if new nurses can’t seek help.
3. What do I want to be different? Answer: I want the bullying to stop. I want a positive work environment with collaboration and cooperation.

Putting STOP to work

The STOP strategy helps guide you through difficult conversations. Here are the key components:

• State the situation or problem.
• Tell the person what you want.
• Offer an opportunity to respond.
• Provide closure (review, summary, or thanks).

State the situation or problem

Sharing facts increases your confidence: for example, “This is the third time this week….” But be sure to separate the behavior from the person doing it. Rather than labeling the person lazy or sexist, describe the behavior. For example, “I’ve noticed that….”

Share your feelings: “I feel…” or “When you do A, I feel B.” Avoid saying, “You make me feel….”

Sometimes it’s hard to start a difficult conversation. Here are some tentative beginnings:

“Perhaps you’re not aware…”
“T’m beginning to wonder…”
“I need your help with something.”

Tell the person what you want

Don’t expect people to know what you want unless you tell them. Suppose your college-age son is home for a weekend and running the washing machine and dryer outside your bedroom at midnight. If you tell him his laundry chores are interrupting your sleep, he may think he should stop at, say, 10 P.M. So be specific: “I’d like you to be done with your laundry by 8 P.M.”

Topics that can make for tough conversations

• Asking for a promotion
• Bullying and incivility
• Discrimination
• Lack of teamwork
• Noncompliance with policies
• Poor hygiene
• Tardiness
• Sexual harassment

This four-step process guides you through prickly topics with your staff.
Offer an opportunity to respond
Make this a two-way conversation. Otherwise, you’re just delivering criticism. Invite the other person to respond: “Do you agree?” or “Can we work something out?” or “What do you think about this?” The person’s response provides an opportunity to evaluate how the conversation is going.

Provide closure
To prevent rambling and repetition, review or summarize the conversation. For instance, thank the person for meeting with you: “Thanks for getting together to discuss this important issue. I hope you can improve. We’d hate to lose you. You’re an excellent clinician.”

Using STOP for common workplace problems
Sometimes the best way to learn something is to see examples in common workplace situations. Review the six examples below.

Problem: Tardiness
S: Monday and Tuesday, you arrived 20 minutes late for work.
T: I want you to be here at 6:45 A.M. (Don’t say “You have to be punctual.”)
O: Can we agree to this?
P: Thanks. This will help us work better together.

Problem: Body odor
S: I need to talk to you about a personal issue, and there’s no way to make it easy for either one of us. I’ve noticed you often have body odor that you may not be aware of. It could be your personal hygiene, diet, or a physical problem.
T: I hope you’ll check this out and do something about it. I’m sure you can improve this situation.
O: Am I making sense?
P: Thanks for meeting with me.

Problem: Sexual harassment
S: Perhaps you’re unaware that when you talk to me, your eyes move up and down my body. Sometimes, you put your hand on my shoulder or around my waist. These behaviors make me uncomfortable.

T: I want them to stop.
O: Can we agree to this?
P: Thanks. That will help us work together better.

Problem: Incivility
S: The way you told me the staff thinks I’m an idiot has me worried. You smiled when you said it. I wonder if you take pleasure in giving me negative feedback.
T: I’d like to have a better working relationship with you. Let’s talk about a different way to speak to one another.
O: So that we can resolve this issue, what’s your take on the situation?
P: Thanks for meeting with me. I want us to work together better.

Problem: Lack of teamwork
S: Working on this project takes a lot of teamwork. You’ve been late with your last two deadlines. I’m frustrated being held up and having to catch up.
T: I want you to have your work done on time.
O: Can we agree to this?
P: Thanks. This is a very important project.

Problem: Dress-code violation
S: I see you have a new eyebrow piercing. It’s a violation of our dress code.
T: Please remove it during work hours.
O: Do you have any other questions about the dress code?
P: Thanks. See you later at the staff meeting.

Getting started
Fear can hold us back from difficult conversations. Fear is based on the importance of the subject and of the relationship. Dealing with a store clerk about a damaged product is easier than dealing with a coworker about body odor. Build your confidence as you practice the STOP strategy in situations with a lower fear factor.

Knowing how to handle tough discussions yields many benefits. (See Reaping the benefits.) The STOP strategy is simple and easy to use. It can improve your communication as you gain confidence and stop avoiding difficult conversations.

Kathleen D. Pagana is a keynote speaker and professor emeritus at Lycoming College in Williamsport, Pennsylvania. She is the author of The Nurse’s Communication Advantage and The Nurse’s Etiquette Advantage. She is also the coauthor of Mosby’s Diagnostic and Laboratory Test Reference, 11th ed. To contact her, visit www.KathleenPagana.com.

Reaping the benefits
The benefits of handling tough conversations include:
• better workplace environment
• improved staff retention
• personal growth
• enhanced working relationships
• greater patient safety.
Learn a strategy for addressing incivility and bullying in nursing.

Unprofessional behavior within healthcare organizations, in the form of incivility and bullying, adds more stress to an already stressful environment and also jeopardizes patient safety. Too often, nurses are on the receiving end of incivility. Promoting a civil work environment requires effort by both the organizational leadership, through policies and action, and individual team members. On an individual level, nurses can help tackle unprofessional behavior using techniques such as cognitive rehearsal that promote communication and respect.

This article discusses some of the reasons behind workplace incivility, how individuals typically respond to disrespectful behavior, and how to use cognitive rehearsal as a tool to address it.

What’s behind incivility?
Conflict often arises in stressful environments with competing priorities and values at stake. Every day, nurses are expected to deliver competent, comprehensive patient care but are often met with distractions and a lack of resources. And as part of a healthcare team that includes various disciplines, nurses must struggle to make their priorities known, while acknowledging other team members’ priorities.

Rather than recognizing each team member’s unique contributions to patient care, coworkers may let conflicts develop and manifest as incivility and disrespect. When combined with technology that facilitates communication without face-to-face interaction, which makes saying things that would never be communicated directly to another person easier, professional encounters deteriorate and create a culture of incivility. (See Incivility defined.)

How do you respond to incivility?
When faced with unprofessional behavior, most people
Incivility defined

Andersson and Pearson define incivility as “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others.”

If not curtailed, incivility can escalate to more threatening behaviors such as bullying, which is defined as behaviors intended to degrade or humble another and that continue over a period of time. Examples of bullying include threatening language or behavior, constant and unreasonable criticism, and deliberate undermining of activities.

In 2015, in recognition of the issues associated with unprofessional behaviors that nurses can encounter, the American Nurses Association released a position statement on incivility, bullying, and workplace violence to bring attention to an issue that can have physical, psychological, and financial ramifications for individuals and organizations.

choose fight or flight. Some respond immediately as a form of defense, but reciprocating in a similar manner may perpetuate the problem. Others choose to ignore incivility in an attempt to minimize the situation, inadvertently sending a message that the behavior is acceptable. Some people, though, recognize the inappropriateness of the behavior, but they lack the knowledge and skills to respond accordingly.

To address incivility and bullying, a unified approach is needed in which all stakeholders assume a role in improving the work environment. As a nurse, you understand the organizational leadership’s responsibility to address unprofessional behavior, but you also can take action to curtail incivility. Cognitive rehearsal is one way to mentally prepare yourself to address threats from incivility or bullying.

What’s cognitive rehearsal?

When confronted with unprofessional behavior, your primary concern should be safety. Though direct communication can help de-escalate situations and repair interactions, consider the well-being of each person involved. If an immediate threat exists, remove yourself from the situation. Without an immediate threat, appropriate responses that foster communication and collaboration are warranted.

One technique that’s shown promise in curtailing incivility and bullying is cognitive rehearsal, which allows you to prepare to respond to unprofessional behavior in a manner that’s not construed as retaliatory. Used as a strategy in behavioral health for impulse control, cognitive rehearsal involves memorizing responses designed to prevent acting impulsively. Rather than responding immediately or emotionally to unprofessional remarks or behavior, you hold and process them, which allows you to think about the potential situation and what the most appropriate responses might be. By using a planned, rehearsed response, you acknowledge the situation and create an opportunity to communicate expectations for appropriate behaviors and future interactions. (See Cognitive rehearsal in action.)

Griffin successfully used cognitive rehearsal by educating a group of 26 new graduate nurses about it during hospital orientation. One year later, Griffin found that all the new nurses could respond positively when confronted with uncivil behavior. Though a few of the staff nurses perpetuated uncivil behavior and responded negatively by shaming the new nurses, overall the technique led to positive responses from the staff nurses who were confronted, including making them aware of how certain behaviors were perceived. Since Griffin’s original work, others have used cognitive rehearsal as a strategy to combat incivility and bullying.

Cognitive rehearsal in three acts

Griffin described cognitive rehearsal as a three-part process. First is participation in didactic instruction. This can include learning to recognize unprofessional behavior, understanding the consequences for employees and patients, discussing the theoretical underpinnings of incivility and bullying, and learning about the work and environmental factors that contribute to the behaviors.

Cognitive rehearsal in action

Tania is a new nurse who’s recently completed orientation and is working the night shift on a medical-surgical unit. She’s criticized by staff nurses because of her lack of experience and her need to ask for help with some procedures.

One night, she has to insert a nasogastric (NG) tube in a patient, but she hasn’t performed this skill outside of the simulation lab in school. She seeks assistance from a more experienced nurse, who says, “What did they teach you at that school?”

As a result of the cognitive rehearsal training Tania had during hospital orientation, she responds calmly, “I was able to practice the skill in the laboratory, but I didn’t have the opportunity to place an NG tube in a patient in the practice setting. It would help me to review the procedure with you before going into the patient’s room.”

With this response, Tania communicated her concerns in a manner that both acknowledged her needs and provided opportunities for her colleague, avoiding a potentially emotional and confrontational situation that might have ultimately affected job performance and patient care.
The second part is learning and rehearsing specific phrases to use during uncivil encounters. For example, in response to a nonverbal innuendo, such as a colleague raising her eyebrows, you might say, “I sense (I see from your facial expression) that there may be something you want to say to me. It’s okay to speak directly to me.” In a situation of sabotage or negativity, the response could be, “There is more to this situation than meets the eye. Can you and I meet in private and explore what happened?” If you find that someone is withholding information, you might say, “It’s my understanding that there’s more information available regarding this situation and I believe if I had known that, it would have affected the outcome.”

The final part of the process is rehearsing the responses in preparation for encountering the behaviors in practice. Take about 20 minutes in a relaxed, non-threatening environment to practice your responses before you meet with the other person.

After going through this three-part process, you should be prepared to respond to a situation with confidence and in a positive, nonthreatening manner.

**Take a stand**

Cognitive rehearsal provides a proactive strategy for nurses to take a stand against incivility and bullying in the workplace. Nurse educators in academic and clinical settings can provide programs that allow for mental practice, equipping nurses with the skills to respond to uncivil situations and protect themselves and their patients.

Joy Longo is an associate professor at Christine E. Lynn College of Nursing, Florida Atlantic University in Boca Raton, Florida.

**Selected references**


