

Student Sessions

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Difficult conversations with clients

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Abstract

Public service encounters occasionally become controversial. Even the most seasoned veterinary clinician practiced in the art and science of clinical conversation faces confrontational dialogue. In this presentation, dynamics for basic conversation interaction are explored to ensure preliminary understanding of Comfort Zone communication prior to exploring reasons for conflicting communication with clientele. Two basic categories summarize conflict between veterinarians and clients: expectations are misaligned and/or flexibility is insufficient between the two parties for simple resolve. The conversation shifts from the conversational Comfort Zone category to the Challenge Zone category with the very next 'Yes, but I ' that is spoken.

At least four options for response exist when conflict arises. Avoidance, Competition, Adaptation, and Cooperation generalize the choices. This discussion describes each response and its effect on the outcome, making the student of conversation dynamics internally aware which choice each party is making during the course of the conflict. Appropriate modification is then possible for redirection of communication. Overall, the presentation provides conflict analysis, enabling the trained professional to anticipate difficulty and thereby circumvent the negative encounter, or possess the tools for maneuvering when unexpected difficulty arises or bypass attempts fail. Unification of goals by both parties for the successful outcome of patient trouble produces success. Subsequent strengthening of the client-veterinary relationship ensures foundational growth for future positive encounter.

Introduction

Veterinarians serve the needs of society, and as public servants have numerous encounters every day with clients. These interactions are great opportunities to open doors with people. Occasionally these discussions become contentious and fall into the category of difficult conversation. Conflict is often a normal part

of professional life, because clients perceive some encounters as threatening to their needs, interests, or concerns. Organizational conflict is unavoidable, but provides numerous occasions for growth through improved understanding and insight. However, there is a human tendency to view conflict as a negative experience because initially few options appear available. The intent of this discussion includes disclosure of available resources in seeking solutions and exploring multiple keys located beyond usual consideration, enabling the trained veterinarian to better participate in the difficult conversation with clientele.

Actively considering different perceptions by the two parties involved concerning the content and meaning of an issue, openly listening for the concerns of clients, and preparing for anticipated questions offers an advantage when conflict is anticipated. Our perceptual filters are influenced by culture, race, ethnicity, gender, sexuality, knowledge, previous experiences, and impressions by one participant about the other. Of course, all conflict can't be anticipated. But understanding our own thoughts and behavioral responses to conversational confrontation allows insight, identifying areas deserving personal improvement. This permits opportunity for growth through changing our approach to tackling the difficult encounter whenever presented. How we perceive and negotiate with the client through difficulty begins with understanding the dynamic of communication.

The Dynamic of Communication

Exchange of thoughts and information between parties defines communication. Certainly, verbalizing ideas serves as the primary means of this transfer. However, non-verbal communication such as posture, eye contact, facial expression, and attentiveness powerfully express meaning. Folded arms suggest a distant, withdrawn temperament. Even the manner and timing of a swallow by the speaker sends a message to the other participant. Both parties similarly elevated in a seated or standing position signifies conversational equivalence. Barriers such as clip boards, medical charts, fur-

niture, instrumentation, and even the patients' presence between the veterinarian and client provide distractions or sometimes deliver an unapproachable perception by the client regarding the veterinarian. These items intersect communication and underscore an indifferent, unwelcoming rapport when spatially competing between the two parties. Simply re-positioning the item or your location in the setting immediately defuses some of the challenge in the situation.

Non-verbal forms of communication trump the spoken word, because perception of presentation is recognized as genuine while hearing still focuses on processing the dialogue. The content of the spoken word is less dynamic than the manner of delivery. Roughly 80% of all communication between individuals is non-verbal and is generally involuntary. Unconscious spontaneity of positive or negative body language translates to open, honest messaging. The signals you transfer while speaking either define or defy the understood words.

Non-verbal communication is triggered by our thought process during the conversation, and is delivered externally often without our recognition or control. Imparting greater awareness to these feelings allows better understanding about our perception and response to difficulty. Our emotional response to the conversation ranges from anger to fear or even despair and confusion. People tend to believe others feel the same way they do, thus differing emotional responses between parties may become confusing or even threatening. Understandably, our thoughts and feelings influence behavior and response during conversation. Recognition of difficulty or conflict produces a chance to adjust our thoughts, feelings, or behavior, thereby introducing occasion for empathy. Empathy bids neutralization of difficult scenarios by delivery of a bridge of commonality and understanding. Conveying the message of, "You know, I've been there, too, and I understand where you're coming from" doesn't guarantee conclusive resolve, but it might produce a gentle breeze keeping open the door of communication. This tool will be discussed later in more detail.

The Dynamic of Difficult Conversation

Difficulty with producers, staff, or associates is inevitable, and the more interaction with individuals holding different perspectives than our own, the more likely the frequency of these encounters become. Experiences teach us that we truly elect how we respond to a difficult encounter; not whether we experience confrontation. Actually, choosing to avoid a contentious encounter is an option, but choosing to avoid conflict is not.

What defines the anatomy of veterinary-client conflict? As sketched above, differences in perceptual experiences are defined by life. Basically, only two categories exist describing all sources of conflict: expecta-

tions are misaligned and/or flexibility is insufficient. The veterinarian and the client possess individual thoughts and feelings about the needs of the animal, providing the motivation for the veterinary-client interaction. Both parties have their own perceptual filters, including expectations and beliefs that are at work within this veterinary-client relationship.

Numerous events might occur affecting both sides of the relationship prior to the conversation. The **patient** may have created problems for the owner by being uncooperative. The daily routine of the **veterinarian** is filled with constant interruptions and can sometimes be unusually stressful. There are numerous things that occur that lengthen a clinician's day, including the presenting **illness or problem** being more complex, requiring extra time investment for client education and compliance. Each individual component or combinations conceivably contribute to difficulty in client conversation and conflict within the client-veterinary relationship. These relationships take place within **systems**. The veterinarian defines the system as the veterinary health care system. Difficulties from the client's perspective can arise based on rules or policies within the veterinary system. Our veterinary clinics and services are filled with policies regarding clientele's attempt to assist during animal restraint or the proximity of the client during an examination or surgical procedure. These policies offer protection for clientele and are intended to prevent interruption of the veterinary service, but the scenarios also offer examples for difficult encounters with clientele inside the veterinary health care system.

Clients define the **system** according to the context in which they live, work or their respective social arena. Conflicting advice from a family member and the veterinarian regarding the animal's health issue, or perhaps perceived financial stress for veterinary care may stimulate tension from the client's view. Work schedules, a component of the client's system, sometimes preclude optimum treatment regimens, producing non-compliance and occasionally resulting in poor clinical outcome. The resulting conversation likely would be defined as difficult, as the clinician views the consequence due to lack of client commitment, and the client views the result as unrealistic expectation by the veterinarian.

Perceptual differences within either the veterinary or client system elicit likelihood of a platform for difficulty. The **misalignment of expectations (of anyone within the system) and insufficient flexibility** among the players set the stage for a conflicting encounter. Presence of these circumstances predictably determines differing ideas between the client and veterinarian concerning what's not working and what requires change. A client may phone requesting and expecting the veterinarian to provide a prescription antimicrobial for their stocker calves displaying signs of respiratory

disease. In contrast, the veterinary health care system requires examination of the animals prior to medication distribution. Refusal on the part of the veterinary system may be perceived by the client as unwillingness to help, or the system just wanting to generate income, or inflexibility in practice standards.

The remainder of this discussion emphasizes conversational strategy for effective resolve of difficult client interaction which first requires an understanding of the unchallenged conversation.

The majority of client relationships and conversation dynamics reside within what is referred to as the conversational **Comfort Zone**. These conversations flourish with application of the ‘4 E’s’: **Engagement** (building rapport), **Empathy** (providing care and concern), **Education** (provide understandable information regarding animal health), and **Enlistment** (provide invitation to client for partnership in their animal’s health). These communication skills provide smooth sailing through most interactions with clients, much as fluid flow of livestock occurs through a working facility in absence of stressors and obstacles.

The interruption of livestock movement due to shadows or cumbersome chute design yields misaligned expectations for smooth cattle flow associated within system inflexibility. The result challenges communication between livestock management and livestock compliance, triggering difficulty. Similarly, communication difficulty between the veterinarian and client occurs when misaligned expectations or insufficient flexibility are perceived by either party within their respective system of operation.

Communication difficulty with clientele surfaces due to the influences described above: expectation and flexibility. Resolving conflict requires enlistment of conversation dynamic engaging five tools described with the acronym **ADOBE** – Awareness, Discovery of meaning, Opportunities for compassion, Boundaries, and Extending the system.

Awareness of conflict is the first step in determining how to address difficulty with conversation. Four different response options exist: avoidance, competition, adaptation, or cooperation. Selecting the last option is best for achieving desired goals for the patient and the client relationship. In the livestock movement analogy introduced above, negotiation addressing the difficulty requires **Awareness** that the participants are experiencing thoughts and feelings generating impulses to behave a certain way. They are balking at a shadow or an acute angle within the chute design. **Awareness acknowledges that something is wrong within the relationship**. Selection of one’s approach toward conflict determines the response. We may choose to **avoid** responding (which represents a response). We may grab the electric prod and become **competitive** in attempting

to force desired results. We may choose **adaptation** exchanging preferred goals for that of harmony within the relationship. Or we might choose a **cooperative** response maintaining focus on the greater good for the relationship and the participants’ well-being. In other words, we could decide to release the cattle because of the difficulty and not address their needs (adaptation), or we could alter the chute design to facilitate attaining the necessary goal (cooperative response).

The cooperative response to conflict identifies the problem while seeking solution so each party achieves their respective goals. Conflict resolve is viewed as opportunity to improve relationships by reducing tension between participants through investing energy in order to discover acceptable solutions. The shadows in the conversation are removed and awkward angles are curved by using these techniques to regain dynamic flow.

Discovering meaning within the conflict and finding out what the problem signifies to the client in the clinical setting is like removing the obstruction in balking livestock. The veterinarian already understands what the difficulty signifies from his perspective. Gaining the understanding of what the difficulty means to others turns the key to the Discovery Door.

Understanding the differences between a **position** and an **interest** within the framework of difficulty underscores the beginning of successful negotiation. Positions within a specific conflict are points of view that are generally more rigid and inflexible. For example, “Granddad always worked cattle in this chute and got along just fine” represents a *position*. Whereas, “Cattle handling techniques have improved through the years, and it’s time we re-think how we can better process cattle in our system” represents an *interest*. One is stubborn and rigid. One is focused on desired outcome through exploration of flexible change reaching preferred goals.

Characterizing disparities between your own and the client’s interests, and becoming aware of the clues that a conflict exists leads to acknowledging the differences. By incorporating AND rather than YES, BUT... in conversation, a bridge appears over the conversational chasm which circumvents impasse.

The tension elevates as time passes without completion of the cattle processing because the trucks are due to arrive in two hours. An employee grabs the electric prod and exclaims, “**Yes**, the cattle are balling up in the chute, **but** I have incentive for movement”. The manager responds, “We all understand we must meet the truck arrival deadline, **and** the cattle will flow more easily if we place a tarp over the chute where the shadows are causing the stoppage”.

An irritated client exclaims, “**Yes**, I know it’s risky borrowing a bull from my neighbor and purchasing one now and then from the local sale barn. **But** I can’t compete with the deeper pockets at the production sales

of seed stock producers.” The understanding veterinarian responds, “Purchasing herd sires is definitely an investment, **and** I have another client producer with good quality commercial genetics selling potential herd sires without registry papers at very competitive prices.”

Opportunities for compassion result from the professional actually placing themselves in the other participant’s situation. The livestock manager may empathize with the balking cattle because of a recent trip to the city where his memory of stress and anxiety escalated in relation to rush hour traffic congestion. The veterinarian with an appreciation of financial stress associated with agri-business more likely absorbs some of a client’s outburst in response to rising medicine costs associated with protocol requirements for back ground-ing stocker calves.

Within a different clinical setting, the busy veterinarian’s protocol toward the diabetic patient becomes more flexible when empathetic inquiry reveals the client’s family member recently died from diabetic complications. “I am very sorry for your immediate loss, and I better understand your fears concerning our discovery of Midnight’s underlying disease”.

The fourth subject in the ADOBE model is **Boundary**. Established boundaries draw the ‘proverbial’ line in the sand regarding what you consider acceptable as well as unacceptable of others.

Boundaries are established within verbal and non-verbal communication. Both parties involved in any conversation are mindful of established boundaries from previous experiences within their respective systems. Sharing this with the other party sometimes becomes necessary for effective navigation through the Challenge Zone of difficult conversation.

Boundary setting involves four primary target areas: **time**, **content**, **rights/responsibilities**, and **space/distance**. Difficult relationships require expenditure of more time and energy. Whenever possible, postpone the encounter by **HALTing** the diverging conversation. This describes avoiding setting up the encounter for failure by postponing anticipated conflict when you realize you are **hungry**, **angry**, **late**, or **tired**. If a relationship is chronically difficult, avoid attempting a conversation marathon directed toward finding and fixing the problem once and for all. Most difficult relationships improve slowly over several encounters if progress is recognized.

Time management and appropriate scheduling within the clinical setting essentially drive the effectiveness of any given day. Built-in flexibility within the day’s events allows for some interruptions, but respect of time commitment for all clientele throughout the day becomes the shared responsibility of the veterinarian and the appointment holder. Veterinary disrespect of time inconveniences the client as well as those making

arrangements for arrival and departure. Certainly, unexpected circumstances occur at any time. But timing throughout the day is an established boundary influencing every encounter.

Content refers to what we talk about within the allotted time and the topics and words used during the encounter. Initially, we try to open the boundaries as much as possible to learn about the client and the situation with the patient. Using the client’s words when appropriate demonstrates flexibility and an understanding of the client’s view and concerns. Re-stating the expressed concern incorporating the client’s dialogue underscores your attentiveness and understanding of the client worry. Occasionally, the content requires expansion to allow the client to contemplate additional options they may not be aware of or don’t consider valid. For example, the veterinarian trained in conflict recognition offers content boundaries better defining the discussion by making suggestions for identifying underlying causes for chronically recurring scours in one particular pasture of cattle. In responding to the client’s complaint that medication helps but doesn’t keep away recurrence, the veterinarian further explains the next available option. Identification of cause in order to discover prevention may not be the quick fix wanted by the client. But at least explanation for possible long term problem resolve reveals the veterinarian as an excellent resource for clinical assistance beyond a source for medications. Content of conversation represents a boundary to facilitate keeping the flow of the appointment on track. Also, the professional should consciously educate the client with additional options thereby offering conclusion of an informed decision after discussion and evaluation of each option’s pros and cons.

Rights and responsibilities describe a boundary invoked when the client requests an unethical service from the clinician. In the livestock example of cattle handling above, finally the processing has been completed, and the truck for transporting the livestock to another facility has arrived. Throughout the stressfulness of this event, the manager forgot contacting the veterinarian to arrange for shipping papers. He drives to the vet’s office demanding papers on the livestock shipment because the truck driver is behind schedule and doesn’t have time for the vet to come out and inspect the consignment.

This author experienced requests for unethical behavior in private practice from irate clientele facing cattle operation quarantine associated with Brucellosis diagnosis in their herd. My conversation directed attention to regulation requirements and the privileged value of me possessing a veterinary license. Final emphasis was disclosed by sharing that my father’s herd had received my quarantine because of Brucellosis which underscored the boundary of the conversation by outlining my responsibilities.

Boundaries can be invoked in a guideline manner to facilitate client understanding, or they may provide **space and distance** interference with the encounter. Although mentioned previously, physical barriers like a chute or the animals or background noise may become a boundary that actually impedes effective rapport between the professional and the client. Vertical difference in eye level imparts power or submissiveness depending on the height of viewpoint. Attempting to equilibrate eye contact or even placement of your gaze slightly below the other party's eye level utilizes physical appearance in a useful, inviting way. Be aware the client's personal space limits may differ from your own. My quality of hearing was questioned once because of my nature to intently and purposefully focus onto my client's face during conversation. Without realizing, I invaded the personal space of my client resulting in his questioning if I was hard of hearing. Since that communication hiccup, I notice physical proximity during conversations, especially intent one-on-one encounters.

Finally, consideration of the ADOBE acronym for steering through the Challenge Zone of difficult conversations with client lands on E for **extending the system**. Usually when we recognize the need for help with a case we consider a referral to another hospital. In this instance the idea of bringing in help for temporary assistance with this situation implies that you are so willing to work to resolve this difficulty, you introduce the idea of a third party involvement. You're definitely not giving up on the situation. It's not hopeless. Neither are you abandoning the patient, client or difficult situation. Consider the following questions before soliciting help: What help is needed? Who can help (what are the sources)? How will the client be involved in decisions to get help? Another colleague might be able to bring fresh eyes and ears into the discussion. A client that you previously aided through a similar circumstance may become a valued resource for the current client to consider. Above all else, both parties must agree to extend the system in such a manner to continue searching for conflict resolution.

Conclusion

Summarily, conversational encounter with clientele often is most productive and all party's goals are achieved without conflict or difficulty. For the occasions resulting in controversy, numerous resources for seeking solutions are examined in this presentation. Multiple keys are included to assist the professional in attempting successful resolution. Compassion and empathy for the owner and the patient provide compelling evidence of serious passion on the part of the clinician to exhaust all possibilities for determining settlement without compromise of ethics to ensure best possible outcome for the

patient and client. The challenge for the veterinarian is first managing the internal nature to avoid negative encounters and view them as opportunities to grow relationships. Subsequently, as personal growth occurs through experience and application of communication principles, the clinician's toolbox expands with broader selection for customizing each conversational encounter according to the adaptation requirements unique to every client.

Reference

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