#### **UPDATE** Practice

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# **Practice module 016** Conflict in the pharmacy

#### From this module you will learn:

- Why conflict arises in the pharmacy
- The groups of people among which conflict typically occurs
- Why it is important to resolve conflict
- Common resolution techniques

#### October

Clinical:	
Case study: Childhood rashes	1 October*
Medicine use in older adults: Part one	15 October
Medicine use in older adults: Part two	22 October
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Conflict resolution	8 October

\*Online-only for Update Plus subscribers

#### Saša Jankovic

Pharmacy business journalist

From tricky customers and unhappy staff to disgruntled GPs and flustered care homes, conflict happens in all manner of situations within the pharmacy.

You can't always choose who you will be working with - or serving - in your pharmacy, so it is likely that there will be some people who are harder to deal with than others. In this module, you will learn about typical scenarios where conflict can arise, the problems it causes, and how to resolve it.

#### Why conflicts start

In any job that involves working as part of a team, each person needs to be clear about what their role involves - as well as what everyone else does - in order to function effectively and efficiently.

Conflicts between pharmacy staff can arise because:

• staff may be unaware of what is expected of them and their expectations may differ from that of the pharmacist or other team members

- a lack of clear communication or direction leads to instructions being misinterpreted
- of personality differences between staff
- of envy or jealousy over a colleague's promotion.

HR consultant and trainer Tara Daynes says conflicts happen because people have personality styles, emotions, priorities and opinions that differ from each other. "They are not robots," she points out.

When views differ, or when there is a lack of understanding, empathy or concern regarding the other person's position, conflicts may arise. "People often feel they are right and others are wrong, or are reluctant to back down or 'lose face', so they dig their heels in instead of listening and trying to find common ground," Ms Daynes says. "Ultimately, if the conflict is not addressed, or is managed in the wrong way, it can escalate and may spiral out of control."

Conflict among staff becomes destructive and problematic when it causes hostility. This may limit communication between people, create barriers, and destroy working and personal relationships.

Ms Daynes says there is also a psychological impact as conflict leads to stress as well as staff feeling "unsafe and unvalued, which affects their self-esteem and confidence".

In business terms, there is also an effect on productivity. Conflict affects people's ability to do their job and can have an influence on staff absences, turnover, performance and the business overall. Even people not directly involved in the conflict can be affected by the atmosphere generated by a 'toxic' workplace.

#### **Resolution techniques**

Communication is key for resolving conflict between staff. Ms Daynes recommends an open and honest dialogue aimed at developing a mutual understanding and empathy.

"It helps to have a neutral third person there to facilitate the discussion - and keep the peace - [by] making sure both parties feel they have had a fair hearing," she says.

Whether it's an informal discussion or the more formal route of mediation, Ms Daynes stresses that there needs to be a structure for the discussion: "Start by talking to both parties individually to find out what the issues are before the joint meeting."

You can set ground rules and get agreement on these, such as:



- staying calm
- no shouting
- no swearing
- no name-calling
- no interrupting.

Ideally, the parties in conflict should come up with, and agree, the outcomes between them, rather than have a solution imposed on them – as they will be more committed to making the change.

# Why dispensing delays can lead to conflicts with customers

As part of your interaction with customers, pharmacy staff may find themselves facing people who are impolite, short-tempered, or simply have a genuine complaint.

Conflicts with patients can arise for a number of reasons, for example:

- prescriptions not being ready on time, resulting in the patient having to wait while their script is dispensed
- the responsible pharmacist may not have signed in - or is absent - resulting in the patient being unable to collect their prescription or purchase certain medicines
- patients expecting their prescription to have been sent from the surgery, when it has not yet arrived or been received through the electronic prescription service
- stock shortages resulting in a delay before the patient can receive their prescribed medication
- a prescription not meeting legal requirements and needing to be returned to the prescriber for amendment before it can be dispensed, resulting in a delay
- perceived rudeness from pharmacy staff,

especially if customers do not understand the dispensing process.

Any conflict that arises with customers – even if it is not your fault – can be potentially damaging for your business.

National Pharmacy Association chief pharmacist Leyla Hannbeck warns that if a patient expresses their frustration in front of other customers, this may create an unpleasant atmosphere and a negative impression of the pharmacy.

In addition, they may become frustrated and choose to take their custom elsewhere, resulting in a loss of income – not to mention tarnishing the reputation of your business.

#### **Resolution techniques**

The ideal solution is to make sure that all your staff are trained to prevent - or quickly ease - conflict with customers.

If the conflict has already happened, Ms Hannbeck suggests you start by understanding the cause. "Listen to the patient and empathise with them so any specific issues can be addressed," she says. Once the cause has been established, explain clearly why it occurred, and discuss possible options to resolve the situation – for example, offering to collect a prescription from the surgery or offering to deliver the prescription, if possible. Finally, you should "assess and review how the conflict can be prevented from happening again", Ms Hannbeck explains.

Staff need to be prepared to deal with these kinds of situations in a calm, polite, yet assertive way. The aim is to ensure that your customers leave feeling satisfied that you have done your best to help them, with a positive view of your pharmacy and a good reason to come back in the future.

#### Care home conflicts

As in community pharmacy, staff in care homes are under a lot of pressure. This may be due to many reasons, but one which pharmacy staff would also recognise is because residents may need medicines as a matter of urgency. With pressure on both sides – not to mention patients with complex medical needs involved – it's not surprising that tensions can arise.

Conflicts between your team and care home staff can start because:

- a medicine is needed urgently, but the doctor cannot provide the prescription immediately, so the pharmacist might refuse to dispense it
- the pharmacy is only able to make deliveries during specific times
- prescriptions for the care home do not arrive at the pharmacy in sufficient time to enable the pharmacist to assemble the monitored dosage systems (MDS) dosette boxes on time.

The use of MDS can cause friction in other ways, according to Dr Peter Rivers, reader in pharmacy practice at De Montfort University. He says the task of giving medicines out in care homes is "an arduous one and takes several hours [a] day to complete – along with documenting new supplies of medicines received from the pharmacy and then reordering prescriptions from the residents' GPs".

"There is great potential for giving the wrong dose, the wrong medicine, or the medicine to the wrong person. So the purpose of MDS is to provide assistance to lay carers so that they can efficiently and safely give the medicines out to the residents," says Dr Rivers.

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### Take the 5-minute test

 In order for a pharmacy team to function effectively, each member needs to be clear about what their role – and everyone else's – involves.

True or false?

2. Causes of conflicts between pharmacy staff can include a lack of communication or direction, and personality differences between team members.

True or false?

3. Conflict among staff can become problematic if it causes hostility.

True or false?

**4.** People's ability to do their job is unlikely to be affected by conflict.

True or false?

Conflicts between staff have better outcomes when a solution is forced upon them to resolve their issues.

True or false?

6. After resolution, a conflict should be assessed and reviewed so it can be prevented from happening again. True or false?

 Staff should be prepared to deal with conflicts with customers in a calm, polite, yet assertive manner.

True or false?

 Conflicts with care homes may arise, as care home staff do not appreciate the benefits of using monitored dosage systems.

True or false?

9. Communication is the starting point for preventing and resolving any conflict. True or false?

10. Conflict can arise between pharmacists and GPs due to issues with dispensing prescriptions on time.

True or false?

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However, problems can arise because "some pharmacists think staff in care homes should give medicines out from the original containers", he says. This is sometimes combined with the belief that "so long as the staff are trained appropriately, then they can manage adequately without MDS – ignoring some important evidence of improved safety of MDS", he adds.

Pharmacy staff may also see doses returned from patients in MDS packs, which Dr Rivers says "leads them to believe that MDS does not help to improve medicines adherence".

To make matters worse, "pharmacists are not remunerated for all the extra work they put in to supply MDS and so they are not adequately rewarded for the effort they put into supplying the system", he says. "This further adds to resentment and conflict in some instances."

As with retail customers, a conflict can cause a bad relationship which, as Ms Hannbeck points out, if left unresolved could lead to the care home choosing to "seek an alternative pharmacy to supply their medicines".

#### **Resolution techniques**

Once again, communication is the starting point for identifying and resolving any conflict.

Dr Rivers says: "Pharmacy staff would do well to actually visit a care home (both residential and nursing) and watch the process of administering medicines. Then [they should] ask themselves, 'How can I support carers in this environment?"

Some possible solutions include:

- if a patient needs a medicine urgently, but the prescription is not ready, consider whether an emergency supply at the request of a prescriber is possible
- if prescriptions do not arrive on time, discuss with the care home whether the date of requesting prescriptions needs to be brought forward
- if a GP writes a prescription that does not meet the legal requirements, discuss this with them so it can be amended and prevented from happening again.

#### Conflicts with surgeries

While there are many healthy relationships between pharmacies and their local GP surgery, unfortunately there are situations where tensions can arise here too.

Conflict between GPs and pharmacies may occur if:

- GPs do not understand pharmacy services and believe pharmacies are duplicating the efforts of the practice
- a prescription does not meet legal requirements and the pharmacist refuses to dispense it
- the surgery has not issued a repeat prescription on time, resulting in the pharmacy having to wait for the prescription to arrive before it can be dispensed



Discussing the needs of staff in care homes will avoid conflict over supplying drugs in MDS packages

 a GP has prescribed either a medicine offlicence, or an unlicensed medicine, which the pharmacist is unhappy to dispense or wants to speak to the prescriber before dispensing.

Conflict between the two professions is counter-productive and does not result in the best possible service for the people who matter most - the patients.

#### **Resolution techniques**

Complaining is unlikely to work, so talk to your local surgeries about:

- how you can work collaboratively
- how you might be able to help them
- what you could both do differently such as advising patients to order their prescription

- in a timely manner to avoid delays in the GP surgery sending it to the pharmacy
- discussing the prescribing of off-licence/ unlicensed medicines - this could be done by the surgery attaching a note explaining their choice of medicine or calling the pharmacy for their input.

It is also worth considering attending GP practice meetings, to hear the challenges doctors are facing. This will give you an opportunity to spend a few minutes talking them through initiatives at your pharmacy and explaining how these could benefit their own patients or workload. By building bridges between the pharmacy and the surgery in this way, it will benefit both your businesses and your patients.

## Conflict in the pharmacy CPD

Reflect Why might conflicts with pharmacy staff, patients and other professionals arise? What resolution techniques can be used to deal with them? How can these conflicts be prevented?

Plan This article contains information about why conflict arises in the pharmacy, the situations where issues typically occur and why it is important to resolve them. Common resolution techniques to help with conflict in the pharmacy are also discussed.

Act Read the information about managing conflict at work on the ACAS (Advisory, Conciliation and Arbitration Service) website at tinyurl.com/conflicts1

Find out about training courses on managing conflict for you and your staff, such as the National Pharmacy Association course at tinyurl.com/conflicts4

If you dispense for a care home, plan a visit to discuss any possible conflicts – and their resolutions – before they can arise

Talk to your local surgery about strategies for solving common sources of conflict between the pharmacy, the surgery and patients

Evaluate Do you have a good understanding of why conflicts can occur in the pharmacy? Do you have the strategies and resources to solve and prevent these conflicts?