



College of
Opticians
of Ontario

Chapter 3: Communications

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Chapter Three: Communications

Introduction

The purpose of this module is to assist members in understanding the various methods of effective communication and their importance. This module will also help members develop practical skills for ensuring effective communication and avoiding unhelpful communication.

Foundational Concepts

In order to understand the expectations of effective communication, it is useful to begin with the following basic principles:

1. Effective communication with patients, colleagues and third parties is essential to meeting almost all of one's professional obligations.
2. There are specific challenges in opticians communicating effectively with their patients that must be taken into account. For example, opticians are very familiar with technical information that most of their patients do not understand.
3. There are strategies that opticians can consciously adopt to facilitate effective communication.

Appreciating and applying these principles leads to effective communication skills.

How Effective Communication Skills Advance Good Practice

It is difficult to think of an area of practice that is not enhanced by effective communication. Conversely, it is also hard to imagine an area of practice that would not be compromised by poor communication. Patients who understand their practitioners are more likely to acknowledge their condition, understand their options, modify their behaviour and follow their practitioner's recommendations.¹ Indeed, the second entry-to-practice competency deals with

¹ John M. Travaline, et. al, "Patient-Physician Communication: Why and How", Journal of the American Osteopathic Association, 2005: Vol. 105, No. 1 at p. 13.

communications.² Studies have shown that the quality of communication in the history-taking and treatment discussion portions of the patient visit influences patient outcomes.³

Consider the following examples:

- a. Obtaining informed consent is necessary in order to treat patients. Only through obtaining accurate information about a patient's routines can one advise them on what vision devices would best meet their needs.
- b. Boundary encroachments tend to be either physical or verbal. By ensuring that the patient understands the nature and purpose of any touching or physical proximity, one can avoid misinterpretations of one's actions. In addition, by sensitively choosing one's words, one can avoid upsetting or offending a patient, colleague or third party.
- c. The vast majority of complaints that the College receives relate in some way to communication issues. Complaints can be avoided by practising clear and appropriate communication. Similarly, one can turn a minor matter into a formal complaint by failing to respond to a patient's concerns or responding in a manner that aggravates the situation.
- d. Patient safety is jeopardized by dispensing inappropriate lenses. To determine the appropriateness of a possible lens, the optician has to understand a patient's habits and activities. Most patients do not know what information the optician requires until they have been asked by the optician.
- e. Many conflicts of interest can be mitigated by following the DORM principle: **disclosure** of the interest that the optician has in the recommendation; providing **options** to the patient; **reassuring** the patient that choosing any of those options will not affect their relationship with the optician; and, sometimes, **modifying** the recommendation so as to reduce any self-interest on the part of the optician. The DORM principle requires effective communication with the patient.
- f. Patients have the right to access their records. Most patients, however, do not know what kind of information is contained in their records, nor do they understand the meaning of the contents of their records. To make the patient's right of access meaningful, the optician must explain both the contents and their meaning to patients.
- g. Mandatory reporting requirements can be upsetting to a patient. Most patients assume that all of the information they provide to the optician is confidential and do not realize that there are exceptions. For example, where a patient discloses that they have been

² NACOR, *National Competencies for Canadian Opticians*, 3rd Edition April 2013.

³ John M. Travaline, et. al, "Patient-Physician Communication: Why and How", *Journal of the American Osteopathic Association*, 2005: Vol. 105, No. 1 at p. 14.

sexually abused by another practitioner, the optician must make a mandatory report. The patient's surprise can be reduced if one explains early in the patient-optician relationship that there are some exceptions to the privacy of their information. Where a mandatory report has to be made, discussing this with the patient in advance can reduce the patient's distress. In addition, communicate with the patient as to whether they want their name to be included in the report. This will ensure that one is complying with the provision that the patient's name can only be included in the report if the patient agrees in writing.

- h. Apart from safety concerns, effective patient treatment can only be achieved through effective communication. Knowing the patient's lifestyle and work requirements can suggest a particular approach. For example, a patient who spends long hours in front of a computer screen might need different forms of assistance with their vision than a construction worker. Talking with the patient will help enormously with the effectiveness of treatment.
- i. While opticians cannot communicate a diagnosis, they do advise patients of the results of their assessment. For example, explaining why one is not recommending contact lenses to a patient who is inclined to obtain them can only be persuasive if the patient understands what the assessment revealed.
- j. Confidentiality is an essential professional duty. Understanding precisely what a patient means when they are asking for some (but perhaps not all) information to be disclosed to a third party requires careful communication. Similarly, it is essential to understand precisely to whom the information should be revealed and by what means of transmittal.

The above are just a few examples of how important effective communication is to every aspect of an optician's practice. There are many other areas where this is important as well.

Scenario

Sargon operates an independent dispensary. He has dispensed some lenses in high-end frames to Upeksha. Upeksha returns a week later asking for a refund because she does not like the frames. Sargon says "There are no returns. You bought them. They are yours." Upeksha becomes upset, indicating that she thought she had a cooling off period to try them out. Sargon points to the fine print in the receipt issued to Upeksha indicating that the "glasses cannot be returned once dispensed". Upeksha makes a scene, disturbing other customers in the dispensary. In a loud voice Sargon orders Upeksha to leave his property and to never come back. Upeksha makes a complaint to the College.

There are many ways in which Sargon's communication with Upeksha could have been improved. This entire situation could probably have been avoided if Sargon had clearly explained his return policy verbally to Upeksha when she was choosing the frames. It would have been

helpful if Sargon had also explained the reasons for the policy as well (e.g., that Sargon had already paid for lab costs of making the lenses; that once lenses are made they generally do not fit in other shaped frames; and he does not want to give any of his patients, including Upeksha, used frames). Asking for a response from Upeksha (e.g., “You would not want me to be selling you used frames would you?”) would have either confirmed that Upeksha understood the conversation or would have made Sargon aware that further explanation was required.

A note in the fine print of the receipt after the transaction is finalized is too little too late. Upeksha probably did not even notice it. In addition, the note is not clearly written. Upeksha might have thought that “glasses” meant only the lenses, not the frames, and she might not have understood that lenses cannot be readily inserted into another frame. Also, not everyone is familiar with the word “dispensed”.

As soon as Upeksha came into the store with a concern, Sargon should have first acknowledged her feelings before addressing the merits of the request. Saying something like: “I see that you are upset” or “I am sorry to hear that you are not pleased with the glasses” would reassure Upeksha that you are listening to her and that you are concerned about her displeasure. Acknowledging a patient’s concerns (so long as it is sincere and is not manipulative) can help transition an emotional conversation into a factual one.

Sargon is obviously concerned about other customers hearing the conversation. Depending on the circumstances⁴, it may be appropriate to invite Upeksha to have the conversation in a more private setting. However, that invitation is more likely to be accepted if it is suggested early in the conversation, perhaps right after acknowledging Upeksha’s feelings. Issuing the invitation after the conversation has already escalated is not only too late in terms of the other customers, it is more likely to be refused. Again, providing an explanation for the invitation can help Upeksha understand its purpose. For example, Sargon could say: “Let’s step into my office where I can get out your file and where I can better respect the privacy of your information.”

In the scenario, Sargon’s response was abrupt, accusatory and dismissive. That is almost guaranteed to make a patient more upset. Even if Sargon is not prepared to offer any concessions to Upeksha, he should explain this to her in a sensitive manner and provide a reason as to why he is unable to do so. The language chosen should be thoughtful and should address Upeksha’s concerns.

While the whole situation is uncomfortable, Sargon should accept that it takes time to have a successful conversation with someone who is upset. If Upeksha is willing to tell her story, Sargon should be willing to listen. He could perhaps ask an open ended question such as “Tell me what you have been experiencing”. In a few cases this can result in the patient becoming even more upset. It is far more common, however, for the patient to work through their feelings if they sense that they are really being listened to. At this point, Sargon should listen and not interrupt

⁴ There may be safety of boundary issues to take into consideration when inviting a patient to go alone into a private room.

with advice, recommendations or solutions. Upeksha needs to tell her story and Sargon needs to listen to see what is really behind Upeksha's request for a refund.

Sargon escalated the conflict by using a loud voice and demanding that Upeksha leave the dispensary. Escalating a conflict is almost always a bad communication strategy. The other party can escalate as well, verbally or even physically (e.g., knocking things over or even assaulting Sargon). In addition, the escalation greatly increased the chance that Upeksha would make a complaint to the College, which ends up giving Sargon a long-term issue to deal with even if the complaint is eventually dismissed (and the complaint might not be dismissed). At a minimum, Sargon now has a complaint history that the College is required, under the *Regulated Health Professions Act*, to consider in all future complaints. Sargon should have de-escalated the situation as described above. Actions as simple as using a soft voice and using the person's name are de-escalating.

Using effective communication techniques would have almost certainly resulted in a better outcome for Sargon.

Barriers to Effective Communication with Patients

There are a number of barriers that can make it challenging for an optician to communicate effectively with patients.⁵

- a. *Expertise Imbalance*. Opticians have special training in their field. After years of training and experience it is easy to forget that patients may have little knowledge of these matters. Opticians need to constantly remind themselves of this disparity of expertise and explain things simply and clearly. Otherwise patients might not understand what is being communicated, but may also feel as if they are being talked down to or being demeaned. This expertise imbalance may be affected by the internet in contradictory ways. On the one hand, the internet may allow patients to become better informed as they research information related to their concerns. However, this can result in situations where patients have received information that may be unreliable, but causes the patient to become overconfident in their own knowledge and causes them to doubt the expertise of the optician.
- b. *Power Imbalance*: Objectively, opticians are in a position of power in relation to their patients, although it may not always seem this way subjectively. Patients are approaching the professional person from a position of need related to a fundamental

⁵ Many of these points are made by Kathleen Vertino in "Effective Interpersonal Communication: A Practice Guide to Improve Your Life", The Online Journal of Nursing, 2014: Vol 3, No. 3; John M. Travaline, et. al, "Patient-Physician Communication: Why and How", Journal of the American Osteopathic Association, 2005: Vol. 105, No. 1; Wayne McKerrow, "Improving Patient Care and Reducing Risk through Effective Communication", Health Law Canada, 1997: Vol. 18, No. 1.

bodily function. As noted above, the optician has the expertise that the patient lacks. Positionally, the person in the relationship who is responsible for ensuring that everything is done correctly and safely is the optician. The optician is assigned the role of leading the communication. This means that the success of the communication rests on the optician.

- c. *Emotional Imbalance*: Not only is the information communicated between the optician and the patient technical in nature, it also can have an emotional impact. Vision loss or impairment can be quite upsetting to many patients. For some patients, the visit is a reminder of the frailty of their bodies and even their mortality. Many patients may be concerned about how their condition will constrain their lives. For some patients there may be concerns about the impact of vision devices on their appearance. Some patients may be concerned about the cost implications of their choices. Patients on social assistance may be embarrassed about disclosing their financial condition. This emotional aspect to the communication can affect their ability to participate and understand what is being asked of or told to them.

- d. *Personal Imbalance*: No one is perfectly well-adjusted. Both the optician and the patient have traits and circumstances that affect their ability to communicate.
 - i. For example, if the optician has not developed a strong sense of empathy through their life experiences, they may interpret the communication only from their own perspective and not see things from the patient's perspective.
 - ii. Distorted perceptions of the world can also arise from unresolved emotional issues. For example, if a female patient has suffered abuse from a male authority figure in the past, she may misinterpret a comment by the optician regarding the extent of her myopia as a criticism of herself.
 - iii. A patient's poor self-image could also create an unexpected reaction to their appearance (or comments on their appearance) when trying on frames.
 - iv. An optician who was raised in an environment without clear boundaries may communicate in ways that make patients uncomfortable. For example, the optician may provide excessive self-disclosure by telling a "funny" story where they lost a contact lens, which may contain too much information about a private aspect of their lives. Patients can also initiate the crossing of boundaries such as in their expectations about seeing the optician outside of the dispensary or outside of normal hours.
 - v. Lack of insight (i.e., emotional blindness) can result in serious miscommunication. For example, an optician who does not have insight into their own impatience can make patients feel rushed, discouraging them from providing important information about their lifestyle or about a discomfort in the devices provided.
 - vi. Physical or mental illnesses can affect communication. Obviously, a communication disorder, such as a hearing impairment, can have a profound effect on communication. Other conditions such as depression, anxiety and insomnia can also affect either the optician's or the patient's ability to focus and take in

information. Where the optician is ill, they should ensure that their patient still receives treatment. Where the patient is ill, the optician should accommodate the illness appropriately (e.g., taking more time, rescheduling the visit).

- vii. Literacy and language levels vary dramatically from patient to patient. An optician should never assume that the patient can read or speak fluently and should always evaluate the patient's comprehension during the encounter.

- e. *Cultural Imbalance*: Ontario is a highly multi-cultural society. Culture affects communication in fundamental ways. It is easy to misinterpret non-verbal communication (e.g., a reluctance to shake hands, different desires for personal space, use of eye contact) from the perspective of one's own culture when from the other person's culture, that non-verbal behaviour has other meanings. Roles also vary widely from culture to culture (e.g., behaviour towards authority figures, which an optician might be seen as being). This "authority figure" construct can affect the willingness of a patient to directly raise concerns about the fit or function of the vision device. Gender and parental roles can also be widely disparate (e.g., in some traditional cultures, the male is seen as the decision-maker). In some cultures, youths are considered as independent and are encouraged to make many of their own decisions while in other cultures parents retain a significant decision-making role until the youths are much older.

Opticians must be careful to recognize and address all of the imbalances that might exist that could impair the effectiveness of their communication with patients.

Strategies for Effective Communication

There are numerous strategies that can help opticians to become effective communicators. Some of them include the following:

- a. *Accurate Promotion*: Ensuring that all of one's pre-visit communications are clear and accurate and initiates the communication on a solid footing. Advertising that truthfully describes the qualifications of the practitioners and the nature of the services provided, as well as a website that accurately portrays the nature of the assessment to be conducted and recommendations to be made all ensure that the optician-patient relationship does not begin with misconceptions.

- b. *Meaningful Introduction*: When introducing oneself to a patient for the first time, consider what they want to know. Most patients wish to know the name and qualifications of the optician that will be helping them as well as some indication that the optician is interested in helping them. Using multiple forms of media to communicate one's name and qualifications can be helpful if the patient forgets (e.g., name tag, business card, staff directory on the wall).

- c. *Listen First:* Most patients want to begin by explaining their needs and expectations. It is important to allow patients to do this in their own way and at their own pace. One study discovered that a physician will typically wait only 23 seconds before interrupting and steering the conversation.⁶ While patients are unlikely to relay information in an organized fashion, assuming leadership of the conversation by interrupting from the start is not only disrespectful to the patient, but it will end the best opportunity to understand the patient's priorities. It can also send the implicit message that the optician does not want to know everything.
- d. *Listen Intently:* It is said that people can think approximately four times more quickly than they can speak. Thus it is easy to be distracted by our own thoughts and we miss what is being said. It is important to focus on what the patient is saying in order to fully understand them. Assess the patient's non-verbal communication, such as facial expressions and body language, to capture the full meaning of what they are saying.
- e. *Listen Actively:* Your patient can also think faster than they can talk. They are watching and considering your response to their words. Active listening such as nodding your head, maintaining eye contact and making reassuring or sympathetic noises tells the patient that you are listening to and understanding what they are saying. It may be appropriate for you to periodically summarize in your own words what you are hearing in order to ensure that you have understood correctly as well as to reassure the patient that you are listening. Making the patient wait unnecessarily, taking furious notes, looking away (or worse, turning away) while the patient is speaking demonstrates a lack of interest in what is being said.
- f. *Describe the Dispensing Process:* Most patients, especially first time patients, are unfamiliar with the nature of the dispensing process. Some, based on ads they have seen, think it is like ordering a pizza: one hour or its free. Opticians should explain the components of the process including information gathering, analysis, recommendations, preparing the vision devices, trialling them, adjusting them, dispensing them and post-dispensing adjustments. When patients understand what the optician is doing and why, they can better provide the optician with the necessary information and will have more realistic expectations.
- g. *Assess What the Patient Already Knows:* Most patients have already seen an optometrist or ophthalmologist before entering the dispensary. They may have been to other opticians as well. Many patients research information on the internet prior to their visit and this information may be poorly understood or incorrect. On the other hand, some patients may know nothing about the topic before they walk in. Assessing what the patient already knows will help the optician enormously to identify information that

⁶ John M. Travaline, et. al, "Patient-Physician Communication: Why and How", Journal of the American Osteopathic Association, 2005: Vol. 105, No. 1 at p. 15.

needs to be clarified or corrected, as well as figuring out what information the patient does not yet know.

- h. *Assess What the Patient Wants to Know:* Everyone is different. Some patients want very little information. Other patients want to know every detail. Allowing opportunities for the patient to ask questions, listening to the types of questions the patient asks and even asking the patient directly how detailed they would like you to be ensures that the patient pays attention to what you say and obtains the information they want. Of course there is some minimum information you have to communicate to the patient in order to obtain informed consent, but providing too much information can be counter-productive as well.
- i. *Be Empathetic:* One cannot communicate effectively without seeing things from the patient's perspective. Conducting the meeting from the perspective of what you want to get out of it is self-defeating. Patients will feel that their wishes are not being considered. Not only will they shut down the flow of necessary information, they will be dissatisfied with the experience. If there are problems with the devices dispensed, a complaint is likely to follow, as we saw in the Sargon and Upeksha scenario. Expressing empathy involves a conscious effort as some emotions are conveyed indirectly by the tone of voice and body language. For example, a patient who is fearful of trying contact lenses even though it makes the most sense for them may not be willing to say so explicitly; it may come out through a lack of effort in learning how to insert them and through various demonstrations of frustration. It is possible to be at the other end of the spectrum and be over-invested emotionally with patients. This can lead to compassion, fatigue and burnout. There needs to be a balance between showing too little and too much empathy.
- j. *Cover the Necessary Topics:* There are certain topics that the optician needs to cover with the patient in order to meet their professional obligations and in order to prevent practical problems later on. Topics include informed consent, confidentiality and disclosure, billing and return policies, adjustment strategies, symptoms that indicate the patient needs to return and long-term maintenance techniques. It is also important to confirm with the patient, before they leave with the dispensed device, that you have met all of their goals and expectations. Using a checklist can ensure that this gets done. Making notes of the topics covered during the visit can also help ensure that everything is covered. Written materials can be very useful, but are never a substitute for verbal discussion.
- k. *Slow Down:* Given the technical, sometimes emotional, and always important nature of the information being conveyed, it is often difficult for the patient to comprehend it all. Information overload can cause the patient's mind to simply shut down. Speaking at a slow pace with frequent pauses enables the patient to understand what is being said and allows them the opportunity to ask questions. Periods of silence are not only acceptable; it is actually productive.

- l. *Keep it Simple*: A companion to slowing down is keeping the communication of information simple. Long speeches can lose the listener. Short sentences that contain one concept at a time are helpful. Ensuring that the information is provided in an organized and logical order is also helpful. Avoid the use of technical terms, jargon and slang. Acronyms and abbreviations should not be used with patients. Use diagrams, props and written handouts to support and reinforce the explanation. Keep in mind that some people have low literacy and numeracy skills. Repeating key points may be important.
- m. *Verify Understanding*: Silence does not equal understanding. The optician needs to verify that the patient understands the information. By listening to the patient's questions, one can evaluate how much they have grasped. Asking patients to restate what was said in their own words can be very helpful (e.g., "So tell me what you are going to do when you get home?").
- n. *Interpret the Patient's Reaction*: One should look beyond the patient's reaction for what may be behind it. Patients who are stoical and do not show their emotions may still be concerned or worried. They may still want more information as well as the optician's encouragement and support. Frank displays of tears, denial or anger may indicate other stressors in the patient's life or perhaps mental illness, such as clinical anxiety. The optician should evaluate whether other circumstances need to be taken into account (e.g., delaying the trial of first contact lenses) or even whether a referral to another kind of health practitioner is indicated. Some patients may respond with distrust, anger and blame especially when the vision device is not working as hoped. Again, this response may not be truly related to the actions of the optician and may reflect other issues in the patient's life (i.e., displaced anger).
- o. *Always be Professional*: An optician has the duty to maintain the professionalism of the relationship no matter how the patient behaves. Remaining calm, using professional language, demonstrating patience and working towards a resolution is expected. Lashing out at a patient is unprofessional no matter what the provocation. Even where the optician needs to take steps to protect themselves from physical or emotional abuse, this should be done with consummate professionalism. Never get angry.
- p. *Stay Within Your Scope of Practice*: Opticians may wish to help patients in areas that are outside of their scope of practice. For example, opticians may wish to provide emotional or psychological counselling to patients. Such interventions may have the best of intentions and may be rationalized on the basis that the patient is unable to obtain assistance elsewhere or that the optician may be in a special position to assist (e.g., both are from the same socio-cultural group). However, in addition to the legal issues that this may raise, this intervention is inherently misleading. Even with a full disclaimer, the patient will almost certainly believe that the optician has special skills in the area which they do not have.

- q. *Be Honest*: It is important to be encouraging and hopeful, but not at the expense of being honest. Do not minimize the level of discomfort, amount of effort or length of time it will take to achieve a goal. Doing so will ultimately discourage the patient or even cause them to give up. The same is true for the length of time it will take the lab to return something, the manufacturer to delivery something, the bottom line cost or the amount that will be covered by insurance. Your credibility is essential to the confidence that this patient and future patients will have in you.
- r. *Be Sincere*: Communication strategies need to be genuinely applied. The patient will notice if you are pretending to be focused or if you are faking empathy, which may cause the patient to lose confidence in you. Using disingenuous strategies to manipulate patients is a losing proposition. These strategies have to be implemented with commitment and integrity.
- s. *Consider When an Interpreter is Needed*: Where there is a significant language barrier, the optician may need the use of an interpreter. Care must be taken when using a family member to ensure that the patient's privacy rights are respected and that it is the patient that is communicating the information and is making the decisions. It may be necessary to obtain the services of a more independent interpreter in some cases.
- t. *Patients with Disabilities*: Opticians must accommodate a patient with disabilities. Where the patient has a communication disorder, the optician should consider how best to communicate with them. Asking the patient how you can better communicate with them is recommended. Some accommodations can be relatively simple, such as communicating in a well-lit area with no background noise. In other situations the use of alternative means of communication (e.g., writing, computer) or an interpreter (e.g., sign language) may be needed. Never assume that a communication disorder equates with a cognitive disability. Always communicate directly with the patient even when using an interpreter.

Dealing with Conflicts

Opticians will inevitably have conflicts with patients, colleagues and third parties (e.g., physicians and optometrists who have issued the prescription). Conflict is not bad in itself and may be necessary in certain circumstances. Some conflicts can identify issues that need to be addressed and can provide alternatives, considerations and strategies for solving a problem. One's life experiences can create a negative attitude towards handling conflict that is difficult to modify. For some, conflict is comfortable and seen as productive. For many, however, conflict is uncomfortable because we have been taught that conflict is "bad" (e.g., we have seen it escalate

to violence or abuse or we were not allowed to express our negative views). Whatever the background, opticians are expected to handle conflict professionally.⁷

Conflicts can arise for many reasons, including differing interests (e.g., an insurer wanting to contain costs and a practitioner trying to help a patient), a lack of understanding as to the scope of practice of the optician, a lack of understanding of each other's roles (e.g., physician and optician), different views of who is accountable for the patient's welfare (e.g., prescriber solely responsible or each practitioner having some accountability and the team having shared accountability) and personality differences. Opticians should not assume that all conflicts are the result of personality clashes.

There are a number of barriers to resolving conflicts constructively, particularly where the conflicts involve the patient's health care team. These include the following:

- a. *Time and Workload Issues:* Heavy workloads may leave team members without the necessary time and energy to address a concern. Unfortunately this can intensify the underlying issue (e.g., the patient's vision issues are not being properly addressed) and increase the frustration of all concerned.
- b. *Power Differences:* Practitioners who fill the prescriptions issued by other practitioners have less power than those issuing the prescription. As such, they may not command the authority and respect necessary to have the concern addressed.
- c. *Lack of Motivation to Address the Conflict:* Where practitioners have independent payment mechanisms for their services they may not be willing to address a conflict on their own time (i.e., for free). Also, personality differences may create responses of defensiveness and anger such that one of the parties is no longer willing to communicate with the other.
- d. *Fear of Causing Emotional Distress:* When there is an ongoing close working relationship (e.g., with a co-worker), a person may wish to avoid dealing with a conflict so as not to risk offending or hurting the feelings of the other person.
- e. *Value Differences:* Where the decision in issue affects fundamental personal values, conflict can easily arise. This is presently occurring in the implementation of medical assistance in dying (MAID), where some practitioners feel they cannot participate in the process. These differences in value are not as common in opticianry, but they still exist.

⁷ Many of these points are made by Kathleen Vertino in "Effective Interpersonal Communication: A Practice Guide to Improve Your Life", The Online Journal of Nursing, 2014: Vol 3, No. 3; Judith Brown, et. al., "Conflict on interprofessional primary health care teams – can it be resolved?", Journal of Interprofessional Care, 2011, No. 25; CM Patton, "Conflict in Health Care: A Literature Review", The Internet Journal of Healthcare Administration, Vol. 9, No. 1; Unknown, "Explore the 5 Styles of Conflict Management & Resolution in Nursing", The Sentinel Watch, posted July 27, 2011 on <http://www.americansentinel.edu>.

For example, there could be differences in values related to appearances and vanity or practicality and cost.

Some commentators have identified five different styles or approaches to handling conflicts:

- a. *Avoidance*: This approach involves denying that the conflict exists and not dealing with it at all. There may be times when this approach can be appropriate (e.g., for a trivial matter or for a brief period of time until everyone has a chance to calm down), but most observers view this as a generally poor option. Often the conflict just builds up until another option has to be utilized.
- b. *Obliging*: Yielding or accommodating the other party can be appropriate in some circumstances, such as where preserving the relationship is more important than the issue, or whether the issue means much more to one of the parties than the other. However, if used too often, it can taint the relationship or result in a build-up of emotion.
- c. *Dominating*: Competing with the other person so that there is a clear winner and loser turns the conflict into a battle where the merits of the issue are lost. Pulling rank may be necessary in some circumstances (e.g., an emergency where decision action is necessary), but is harmful to the long-term relationship if used too often or without consideration of the substance of the issue.
- d. *Compromise*: This involves bargaining and making concessions to resolve an issue. This approach may be useful where both sides have equal power and the issue does not warrant the expenditure of the emotional resources and time to solve. However, this approach often does not address the substantive issue, it may be inappropriate in some circumstances (e.g., where patient safety is in issue) and it may undermine the “values” of an organization.
- e. *Collaboration*: Sometimes called “integration”, this approach involves using a problem-solving approach where the competing interests and goals of both sides are stated and methods of resolving the situation to the mutual benefit of all concerned are sought. For example, where an optician is concerned about the appropriateness of an eyeglass prescription, but the prescribing practitioner is concerned that the older, male patient is not a good candidate to learn how to use contacts, a solution could be developed where temporary eyeglasses are issued while the optician undertakes to train the patient in the use of non-prescription contacts with the understanding that, if the patient becomes adept at using them, a prescription for contact lenses will be issued. Collaboration is time consuming and may not be practical for all conflicts.

Communication can assist in or detract from the resolutions of conflict. For example, using effective communication skills makes the collaborative approach more likely to be employed and more likely to succeed when it is employed. On the other hand, even if there is good will on both sides, using insensitive language can thwart the resolution of a collaborative resolution

even where one is within reach. Similarly, using affirming and thoughtful language, even when employing a dominating approach, can reduce its long-term negative impacts (e.g., “I really hate to pull rank and normally I would sit down and discuss this with you, but this patient is leaving on holidays today so I would ask you to please help me adjust these frames now”).

Understanding the barriers to conflict resolution, the various approaches to handling disagreements and the importance of effective communication skills in dealing with them, will help opticians in approaching conflicts wisely and successfully with minimal emotional damage to all concerned.

Conclusion

Effective communication is essential to a positive patient experience and a successful practice. There are a number of barriers to effective communication that need to be kept in mind, but by employing effective communication skills, those barriers can usually be overcome. Having an awareness of the barriers to managing conflicts and the various approaches for addressing specific conflicts can, with the use of effective communication skills, result in the most appropriate outcome for each conflict.