

# Decreasing Dialysis Patient-Provider Conflict (DPC)

*Revised Modules*

*April 2024*



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## Introduction

In a follow-up to the Decreasing DPC Addendum, the National Coordinating Center (NCC) updated three modules from the original DPC Toolkit (2005). These modules address the knowledge and skills needed to address conflict appropriately in today's dialysis settings.

Recognizing that dialysis facility staff have limited time availability outside of patient care, these modules have been re-created in a user-friendly format that allows for group learning and engagement in 15-minute segments. These modules can be led by a variety of individuals in the clinic (e.g., head nurse, social worker, nurse educator). They can be conducted during regularly scheduled meetings, such as home rooms or huddles. Each module includes:

- Key concepts.
- Case scenario.
- Discussion topics to encourage interactive group discussion.

If you have questions about using the modules, please contact your End Stage Renal Disease ([ESRD](#)) [Network](#) for technical assistance.

# Need a Nonjudgmental Approach

## Introduction

Part of being professional is being able to keep our preferences and needs separate from our patients' preferences and needs. This activity will use different types of music to illustrate how we might maintain a nonjudgmental approach to others in our work. Music involves harmony. Part of professionalism is finding ways to create and maintain harmony with our patients.

## Activity

Time Required: 15 minutes

Purpose: To create an environment that understands, appreciates, and respects the differences seen in staff and patients at the facility.

Materials Needed: A radio or a music streaming platform. Paper to take notes.

Key Concepts: A nonjudgmental approach is needed to better understand what it means to work in an environment that appreciates our differences as staff and patients. One example of appreciating differences without judgment is listening to different types of music and reflecting on our reactions. Then, compare this exercise to our work in the dialysis facilities.

Directions: The facilitator should take turns playing different genres of music. Ask the group by show of hands for each genre: Who liked the music you just heard? Who did not like the music you just heard? The facilitator should then ask: What does this have to do with our jobs? What do you think this all means? Encourage the group to reflect on possible deeper meanings.

Answers may include:

- Music is universal.
- Everyone is different and likes different kinds of music.
- The kind of music a person loves depends on where and when they grew up.
- Not everyone likes every kind of music.
- Some people may prefer a consistent style of music as they might prefer a consistent routine in their lives.
- People are comforted by the music that they know.
- We might judge others based on the type of music they do or do not like.

Group Discussion:

- Everyone does not react to music in the same way. Asking what each other likes or dislikes about music can help us learn more about the person, as well as understand the music from another point of view. Likewise, it can be helpful to ask how patients view situations in the facility to learn more about the patient as well as get another viewpoint about the situation.
- How we respond to each type of music might be influenced by our age, culture, and environment. How we respond to conflicts could also be related to our age, culture, and environment.

- We can't assume that just because we like a certain kind of music, everyone else will. Likewise, just because we think everything is fine doesn't mean there isn't or won't be a problem.
- A song can bring back positive or negative memories. Likewise, when something happens during a treatment, a patient may associate it with a past experience. A patient's reaction could be based on that experience and how it was handled.
- We don't have to like all kinds of music, and we don't have to like all kinds of people. But we do need to respect everyone.
- It helps to be open to all kinds of music. It helps to be open to all kinds of people and to avoid judging them.
- We don't have to persuade others to like the same music we do.

## Continue to Communicate

### Introduction

Communicating effectively with patients can help reassure and calm them if they get upset. It's important to remember that patients have the right to raise concerns and ask questions—anytime. If we focus on the patients, they will feel comfortable enough to raise questions or concerns before they become bigger issues, problems, or even conflicts. Following this module, you should understand:

- 1) The process of good communication is to prevent misunderstandings or conflict.
- 2) Responding to a conflict quickly is important, as is follow-up communication after a conflict has occurred and a solution has been implemented.

Research shows that patients who ask questions or raise concerns are more involved in their care. So, how do you think our patients would benefit when we use good communication with them?

Good communication can empower patients to consider different treatment options and improve adherence. Other benefits of good communication might include:

- More confidence in responding to patients.
- Less time dealing with disruptions (if they are prevented first).
- Increased patient/customer satisfaction.

We all know that:

- We manage a high workload.
- Sometimes there are staff shortages.
- Patients can be demanding or difficult.
- Patients can be disruptive or even abusive.

We also know that:

- Good communication helps us identify reasonable patient requests, so we can be responsive and provide good care.
- Talking with patients calmly can avoid escalation of situations.

### Activity 1

Let's start with a short brainstorming activity. Ask everyone to share one reason that a patient might raise a concern to facility staff. Encourage staff to focus not on the specific details but instead on the possible root cause.

Time Required: 5 minutes

Purpose: To identify and empathize with some reasons patients might raise concerns.

Key Concepts: Patients might have questions or concerns because they are angry, sad, or anxious about their health or lives. We should acknowledge that patients have a right to their feelings. We can also encourage them to be directly involved in their kidney care to empower them. Patients might express concerns for various other reasons. We need to be aware that patients

might raise questions or concerns because they are dealing with:

- Mental health concerns, such as depression, or anxiety.
- Loss of control of their lives.
- Cognitive impairments such as dementia.
- Alcohol/drug use and abuse.
- Lack of support from family or other relationships.
- Family obligations.

Group Discussion: Patients might raise questions or concerns for many reasons, and we know they often express their frustration here in the facility. I know it is difficult, but we must not take it personally. Instead, we can reassure them and remind them that they can have some control over their renal care. We can also try to figure out if there is anything we can do to improve the situation for the patient.

Now, let's understand and practice two communication techniques.

The first skill is active listening. Patients want to be heard, so we practice active listening to show that we care about what patients are saying and feeling. Here is how to be an active listener:

- Focus on the patient by making eye contact, sitting down at chairside, nodding in agreement, and asking open-ended questions.
- Summarize what the patient is sharing with you. For example, you could say, "It sounds like you're feeling tired of this routine" or "It sounds like you find it difficult to stick to your diet."

The second skill is using assertive statements. Sometimes, patients are not clear on what we want them to do or the facility's rules. We sometimes need to repeat or rephrase what we said in a way that the individual patient can understand.

- Using assertive statements can help us make ourselves clear to the patient.
- Assertive statements also can help us show that we're serious without raising our voices.
- An assertive statement focuses on the behavior, acknowledges the patient's feelings, and then restates the behavior.

Focus on the behavior by being specific about what you need the patient to do. For example, "Mrs. Smith, could you please sit very still for just a moment?" Acknowledge the patient's feelings. For example, "It looks like you're eager to get out of here today." From the patient's point of view, restate the behavior and desired outcome.

- For example: "If you sit still, I can get you on the machine quicker and you can get out of here sooner."

## Activity 2

Next, let's practice dealing with a negative response. Working again in pairs, think about a conflict in your dialysis setting and include an agreed-upon solution to the problem. One of you will be the patient, and the other will be the dialysis professional. The dialysis professional checks with the patient or continues to communicate about the agreement. However, the patient is upset and unhappy with the outcome and repeatedly says that the agreement was unfair or did not consider the patient's needs. The person playing the patient should act upset but still be reasonable enough for the dialysis professional to ask questions. Let's take 10 minutes to work through your scenario.

Time Required: 15 minutes

Purpose: To practice useful communication habits when there is conflict.

Materials Needed: Flip pad or paper to take notes.

Key Concepts: Active listening and using assertive statements are skills that you must practice. Even with lots of practice, it can be hard to remember to use them when dealing with a patient concern or a difficult situation on the unit. Here are some points to consider.

- Make an intentional effort to communicate with your patients regularly. A simple "Good morning" or "How are you?" can make a big difference in your relationships with patients and make resolving conflicts easier.
- Communication involves the skills of both talking and listening. Remember to use your active listening skills during conflict resolution as well.
- If the conflict cannot be immediately addressed, tell the patient that you will sit down with them as soon as possible to resolve the issue. Set a specific time when you and the patient can discuss the problem and evaluate possible solutions.
- Not satisfying someone does not mean your attempt to resolve the conflict has failed.

As you work through a conflict and continue to communicate with the patient, there will probably be times when the patient is unsatisfied with the outcome and becomes hostile or angry. But dissatisfaction and anger do not necessarily mean your efforts to solve the conflict failed. Dissatisfaction and anger are also not always bad responses from the patient. However, you will need to be prepared to handle a negative response.

Group Discussion: For the people who played the dialysis professional, what were your first thoughts about the patient still being unhappy?

- What did you do or say to the patient when you realized he or she was still unhappy?
- Was it the best response or do you think you might have handled the patient's reaction differently?
- Do you think there are times when it would be better to bring in a neutral third party to talk to the patient? If so, who in your clinic would be the best person to do this?
- Do you think there are situations where the patient might have to accept solutions he or she might never like? What are some good phrases to use when talking to the patient?



## Common Patient Concerns and Suggested Responses

While we do our best to help our patients, concerns or complaints are bound to happen. Most concerns shared with Network professionals fit into one of these four categories:

- Staff professionalism
- Treatment
- Food and diet
- Safety or policy

This table describes common complaints under each category and suggests an appropriate response from the dialysis professional.

Concerns About Staff Professionalism	
You NEVER listen to me; you act like we're all the same. It's not one size fits all!	I'm sorry you think I'm not listening to you. I do want to hear what you are saying. Please try to be specific about your concerns so I can help you. The physician will have to address some aspects of your treatment, but I'll do what I can to make you more comfortable.
Who taught you how to do this job? You don't know what you're doing!	Please tell me what you think I am doing improperly. I'll explain the procedure to you and why I'm doing what I'm doing.
I've been watching you, and you didn't wash your hands like you're supposed to.	It gets pretty busy in here, and I did forget to wash my hands. Thanks for reminding me. It won't happen again.
You guys go off and leave us alone. You're so busy talking about [personal matters] that you can't bother to come over here and answer the alarms.	I'm sorry that happened. I will tell my facility manager that you have observed times when the staff was not responsive. I know she/he will want to make sure this doesn't happen again.
Why can't they find somewhere else to talk about their weekend?	I will let the facility manager know you have observed this. She/he will probably want to know more about the situation. And I'll remind the staff not to talk about their personal lives while on the unit.
Why don't you people ever talk to each other? I already told _____ about this!	I'm sorry you have to repeat it to me. I'll make sure your concern gets reported to the proper person (people).
Why can't you answer my questions? Aren't you supposed to know this stuff?	I don't want to give you the wrong information if I'm unsure how to answer your questions. That's why I ask the [nurse, dietitian, social worker, etc.] to speak with you. Then we can both learn the correct answer.
That [dietitian, social worker, nurse,	I'm sorry she/he isn't here today. Can you tell

<b>Concerns About Staff Professionalism</b>	
doctor] is never around when I need to talk to her/him.	me what it's about? Is it an urgent matter? Maybe someone else can help you today, and I'll ensure she/he knows you want to see her/him.
<b>Concerns About Treatment</b>	
It's cold in here!	I will tell the charge nurse that you think it's too cold in here. Can I help you get more comfortable now? Maybe get you a blanket? Could you bring a blanket or maybe wear extra clothing to your treatments? Some people like to wear a glove on the hand with their access.
I want to get on first — or — There's an empty chair. Why can't I go on now?	I'm sorry. I understand your frustration. We give each patient a scheduled time window to get on to make things run smoother for everybody. If we start changing people around, it will disrupt our schedule and affect other people. Would you like to talk to the charge nurse about getting a different time for you?
I don't want her to stick me!	That's OK. Please be patient, and we'll have someone else come to stick you when they can. This may mean you have to wait a while. Later I'd like to talk with you about why you don't want her to stick you, OK? (Note: This answer may differ at facilities.)
I don't want [a patient or staff member] in my bay.	I hear your concern. Would you like me to get the charge nurse so you can discuss your concerns with her?
I want to get off before him.	Are you saying that you want to get off your treatment early or just before he does? If you're asking to get off early, I must recommend that you stay on your full treatment to get the dialysis you need. If you're asking us to take you off before him, well, he has already had his full treatment, so it's time for him to come off.
How come my machine keeps beeping?	The machine monitors the treatment and beeps to help us give you the best care. Please feel free to ask the staff what they do when resetting the machine.
Why did we have to wait so long today?	The [water, machine, staffing] was an issue. We had to get it corrected before treatments to ensure your safety.

<b>Concerns About Food and Diet</b>	
I need more to drink.	I understand you're thirsty or your mouth may feel dry. Would you like to speak with the dietitian about ideas to address it?
Why can't I eat while I'm on the machine?	The doctor thinks it is safer not to eat because when blood goes to your stomach to digest the food, it might drop your blood pressure. We also want to make sure you don't choke.
I did not drink that much! How did I gain that much weight?	Sometimes that fluid can really sneak up on you. Some solid foods have a lot of liquid in them. Maybe before the next treatment, you could fill out our journal sheet of everything you eat and drink between treatments and discuss it with the dietitian. This would help us help you figure out your weight gains.
<b>Concerns About Safety or Facility Policy</b>	
It's cold in here, and I don't like my arm uncovered.	I'm sorry you're cold. It's for your safety that we must keep your access exposed; we need to be able to see that everything is OK at all times. You can cover your hand and the other part of your arm [or leg]. You also can bring a glove to keep your hand warm. Can I help you reposition to cover everything except the access?
I don't like everyone watching me.	I understand that it can be uncomfortable not to have any privacy, but we must always be able to see you to be sure your treatment is safe. Would you like to speak with the charge nurse about a chair that isn't in the middle of the room for future treatments?
Why can't my [loved one] come in and keep me company?	Dialysis units can get pretty busy. Extra people in the unit are a distraction and prevent the staff from safely monitoring your treatment. There also is a risk of increased infection with too many people in the unit.

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