

CONFLICT RESOLUTION

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EXECUTIVE SUMMARY

Introduction

Conflict is inevitable; it is one of the energetic forces that drives and often damages the social engine. Value-based conflicts or those that raise ethical issues are often challenging to resolve. Health care providers understand that meeting the needs, values and preferences of the person receiving care should be the primary consideration in the provision of quality health care.

However, disagreements can occur about the goals of care as well as the route to take to achieve those outcomes. When there are limited resources along with organizational priorities that must be taken into consideration, it may be difficult to meet the needs and values of patients and families. It is precisely because people's values and preferences differ, resulting in conflict and disagreements arising from many sources, that physicians should increase their competence in preventing and managing conflict.

This primer presents a comprehensive discussion and review of the origin and nature of conflict, the common myths that exist about conflict and the management of conflict. The factors in health care that contribute to conflict are outlined as well as some ideas for facilities about how they can assist professionals in learning to deal with conflict and to develop processes for conflict management. There is also a discussion of individual conflict styles and approaches with some tips provided on how to improve one's conflict management competency. The link between patient safety and conflict is discussed as is an overview of the role of emotion and communication in dealing with and effectively managing conflict. Specific examples of common conflicts that arise in practice are provided, and resolution strategies are presented.

Myths About Conflict

Various myths exist about conflict, its origin, progression and management. Some of the common myths are listed below:

- Conflict can be avoided.
 - » In reality, conflict is an inevitable consequence of living and working in a world inhabited by people of differing cultures, values, goals and needs.
- Conflict is bad.
 - » Conflict is neither bad nor good — it is a naturally occurring process and a desirable part of the normal ebb and flow of life. Conflict creates opportunities to generate creative outcomes and to improve relationships by working toward resolution.
- Conflict is impossible to resolve.
 - » Many people try to avoid conflict because they are afraid that resolution is impossible. This only serves to exacerbate situations. In fact, most conflict can be managed positively when individuals understand the origins of conflict and learn some simple strategies for resolution.
- We need a lawyer.
 - » Many people feel inadequate for the task of handling both personal and public disputes and therefore hand the work of resolution off to others. The result is a cyclical one: people feel inadequate for the task of dispute resolution; they make an attempt to deal with a problem and have little or no success; they feel inadequate and seek help from "experts," often lawyers. With help, people can learn how to manage most of their own conflicts in a positive way.
- All disagreements escalate into conflicts.
 - » Frequently, what begins as a quarrel or minor disagreement escalates and is not resolved easily or quickly, and the problem becomes a full-blown dispute. In fact, if people work toward resolution at the earliest point, many conflicts can be prevented from escalating into more contentious situations.

The Origins of Conflict

Conflict occurs because our needs are unmet or because our needs are inconsistent with or in opposition to the needs of oth-

ers. Conflict arises from a clash of perceptions, goals or values in an area where people care about the outcome. Our ability to accomplish our goals and objectives depends on the cooperation and assistance of others, which increases the opportunity for conflict. In health care, no one can do his or her job without the input of someone else. The various factors that lead to conflict and examples of how they might be communicated in a health care setting are these:

- History: "I have never been adequately compensated."
- Relationship: "The Chief has never really respected me."
- Emotions: "I feel unvalued by this organization."
- Structures: "This public health care system does not work for physicians."
- Needs: "I have responsibilities to my family that I need to meet."
- Communication: "How can the Chief just send me an e-mail about this issue? He never talks to me directly."

Understanding the various factors that contribute to a conflict can assist health care professionals to begin to work toward resolution.

The Importance of Effective Communication

It is a well-accepted truism that communication is at the heart of both conflict and conflict resolution. Communication gets us into conflict, and it is through open and effective communication that we are able to resolve situations. The health care workplace is a fertile breeding ground for conflicts because of the dynamics and interdependency of the various relationships that exist between and among care providers, patients and families. While it seems obvious that good communication is an essential tool for successful relationships, it is often something at which we are not particularly effective. Even though we learned to talk at an early age, many of us did not learn the skills of good communication. The primer presents strategies and tips for improving communication that, when used effectively, can save time, decrease misunderstandings, errors and conflicts, and improve personal and professional relationships.

The Role of Emotion and Moral Distress

Unresolved emotion is a critical contributor to the development and exacerbation of conflicts between health care professionals and between providers and patients. The difficulty in handling the emotional tension surrounding ethical dilemmas remains a constant for all health care professionals. The emotional weight of decision-making is not shared with colleagues and is certainly never a topic for discussion at morbidity and mortality conferences, which routinely focus only on the medical facts rather than the feelings of the patient or physician.

We recognize that moral distress occurs when a health professional knows, or thinks he or she knows, the ethically appropriate action to take and is unable to carry it out for various reasons. Conflict is the natural result of the collision of these differing values and beliefs. Improving collaboration and communication between and among care providers will allow for the positive management and resolution of these difficult situations. Providers may not agree at all times, and yet they can and must learn how to respect and support each other.

Factors in the Health Care Environment That Contribute to Conflict

In addition to the roles that ineffective communication, unresolved emotion and moral distress play in creating conflict in health care, a number of other factors particular to health care generate the environment for conflict to arise:

The complexity of the health care system means that misunderstandings and conflict occur at multiple levels at the same time.

- There is a wide disparity of knowledge, power and control experienced by the various players.
- The ethnic diversity of consumers and providers can generate barriers to creating solutions.
- Strong gender inequities remain within and among health care professionals and the system in which they work.
- Individuals often have strongly held personal or religious values that lead them to have unchangeable positions.
- Patients and/or families often disagree with or challenge recommended treatment plans, which may create anger and frustration for the physician.
- Disagreements with colleagues about treatment decisions may be shared with others rather than the individual involved.
- When dealing with conflict situations, especially ethical conflicts, physicians are faced with potentially competing goals

that can create internal conflict.

All of these factors combine to make health care environments particularly prone to conflict. This underscores the importance of understanding the origins of conflict and developing strategies to manage and resolve disputes.

Facility-Based Conflict Management Processes

In health care, the use of alternative approaches to resolve disputes has been slow to take hold. However, that situation is beginning to change as organizations recognize that traditional adversarial conflict resolution methods have been costly and ineffective. Most health care facility risk management efforts adopt the classical “self-protective” stance encouraged by the insurance industry. Much more effective is a multi-faceted approach that includes various steps to building conflict management strength within organizations. These steps include

- conducting organizational conflict assessments,
- designing conflict management systems that incorporate prevention and early intervention as key components,
- providing training in conflict prevention and management,
- providing internal ombudsperson services, and
- using external mediation services when needed.

Individual Approaches to Conflict

There are many ways that individuals respond to conflict, and people use various responses in different ways at different times and with different people. Rarely do individuals respond to conflict at work in the same way that they respond to conflict at home. The primer uses the Thomas Killman Instrument (TKI), a well-known and accepted descriptor of the various ways in which people deal with conflict. The TKI identifies five approaches to conflict: avoidance, competition, accommodation, compromise and collaboration. Each of these styles is described and discussed, and tips are provided on when to use each style. In addition, the advantages and disadvantages of each approach are outlined. Collaboration is identified as the preferred method for resolving conflict as it encourages people to work toward a resolution that allows everyone to get what they need rather than trying to win or to defeat another person.

The Link Between Conflict and Patient Safety

Despite the fact that most health care professionals are dedicated to providing high-quality, effective patient care, the predominating culture of most health care organizations is not one of safety but of fear, shame and blame. The inevitable result is high levels of conflict among and between health care professionals. Significant research clearly illustrates the connection between poor quality work environments and an increase in errors. It also has been shown that positive working relationships within health care teams have a significant effect on the safety and efficacy of the care given to patients. Ignoring the real and inevitable conflicts that arise in health care is not only costly in terms of personal and professional impacts on health care professionals but also creates unsafe organizations, teams and situations that lead to increased harm and death for patients.

Improving Individual Conflict Management Competency

The primer outlines and describes numerous actions that individual physicians can undertake to improve their own ability to positively manage the inevitable conflicts that arise in health care organizations today. Some of the suggestions include

- accessing education and training in conflict and conflict management,
- improving communication skills,
- recognizing that men and women have different communication styles and responses to conflict, and
- adopting a more positive approach to others by using the AVID approach as described in the primer.

Examples

Specific examples of conflict situations are described, and suggestions for managing each type of situation are discussed. The primer identifies that, in preparing to deal with conflict situations, it is important to ask three basic questions to develop a resolution process:

1. Who is affected by the conflict?
2. What are the main issues underlying the conflict?
3. What is the origin of the various issues?

The examples focus on five types of common conflicts that arise in health care settings: intensive care unit challenges, physician-physician conflict, physician-resident/trainee conflict, conflicts with other health care providers and conflict involving patients and families. The primer outlines that, in virtually all of these cases, the conflict is avoidable and manageable if physicians are provided with the knowledge and skills needed to respond to conflicts that arise in health care.

Conclusion

Health care cultures must adopt strategies to manage conflict positively and place a priority on continuing education and training in conflict resolution. Conflict assessment, management and prevention are essential elements for successful culture change within health care.

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