



Conflict Resolution - The Synopsis

- The problem with conflict is not in its existence but rather in its management.
- Controversy exists about the *value* of conflict. Many believe that, at its best, conflict is disruptive. Most agree that, at its worst, conflict is destructive to team harmony and patient safety. However, conflict also serves as a creative force, by providing both initiative and incentive to solve problems.
- “Conflict is often the result of miscommunication, and may be ‘fueled’ by ineffective communication².”

- General sources of conflict:
 1. Real or imagined differences in values
 2. Dissimilar goals among individuals
 3. Poor communication
 4. Personalization of generic or organizational issues

- Why bother?
 1. Improved communication with patients and colleagues
 2. Lowered levels of stress
 3. Increased productivity in the workplace
 4. Promotion of healthy relationships with colleagues and staff
 5. Improved patient and employee satisfaction
 6. Decreased staff turnover/ increased staff retention
 7. Prevention of future conflict, or at least resolution of future conflict more effectively and expeditiously
 8. Improved overall patient care

Conflict Resolution Styles

- An individual's approach to managing conflict is likely to be adopted as a dominant approach that generally works for that individual (yet it may not work from other people's perspective). Difficulties with handling conflict may result in unhappiness or lack of success, as well as repeated problematic interactions with staff members and colleagues.
- It is relatively easy to recognise that the conflict itself is not necessarily problematic, but the manner in which individuals (or organisations) deal with it may be. Thomas and Kilmann offered a matrix illustrating five distinct responses to conflict as they vary along the axes of *assertiveness* (the extent to which the individual attempts to satisfy his or her own concerns) and *cooperativeness* (the extent to which the individual attempts to satisfy the other person's concerns)
- These five styles are as follows:
 1. Avoiding
 2. Accommodating
 3. Compromising
 4. Competing
 5. Collaborating.

(See *Figure 1* and *Figure 2* below)

Each of these methods for dealing with conflict has situations when it may be effective.

- The **avoiding** style uses the premise "I leave and you win" or "I'll think about it tomorrow." The goal in this style is to delay or walk away. This style is characterized by low assertiveness and low cooperativeness. Neither party's concerns are met when this style of conflict resolution is employed.
- In the **accommodating** style, one party lets the other win ("It would be my pleasure" is the extreme. This style is characterized by low assertiveness and high cooperativeness, and it can be either an act of selflessness or one of obeying orders. The goal of this method is to yield or give in, typically by ignoring or neglecting one's own concerns to accommodate those of the other party. It may be useful for issues of little importance, or for creating good will and demonstrating reasonableness. Unfortunately, the accommodator can harbor ill will if this style becomes dominant and is abused by others. In the extreme, this style may result in poor patient outcomes.
- In the **compromising** style of conflict resolution, both parties "win some and lose some." Made famous by television personality Monty Hall, "Let's make a deal" best describes this style's philosophy. This method has moderate assertiveness and cooperativeness and involves negotiating or splitting any differences of opinion. The goal is to find some middle ground, often expeditiously, and to exchange concessions, unlike the more time consuming style of collaborating. The compromising method may be helpful in issues of moderate importance, especially when time constraints exist.

- In the **competing** style, a conquest within the contest is the goal of the competitors. This style results in someone's winning and someone's losing ("my way or the highway"). High assertiveness and little cooperativeness dominate this interaction. This style may have utility when making unpopular decisions, especially for a leader or manager. This style tends to create quick results, and it may be used when bargaining is not an option or the position you support is undeniably correct. This style is, however, very one sided and is likely to be unpopular with others.
- **Collaborating**, although the most complex style of conflict resolution, is ultimately the method to adopt when possible. Its outcome generally causes both sides to win. Collaboration is one of the main tenets of "win-win" negotiations, by taking on the philosophy that "two heads are better than one." Characterized by high assertiveness and high cooperativeness, this style is best used for learning, integrating solutions, and merging perspectives. Digging into the issues, exploring them in depth, and confronting differences are components of this method to manage conflict. This style often results in increased commitments and improved relationships among involved parties. The distinct advantages to using the collaborating approach are that relationships are preserved for future interactions, and substantive outcomes may be achieved. This approach to dealing with conflict is the most challenging and perhaps takes the longest to negotiate. As such, the collaborating approach may be difficult in the time-pressured setting of the ED. However, ideal outcomes can be obtained if the willingness and the resources exist to pursue the collaborative method.

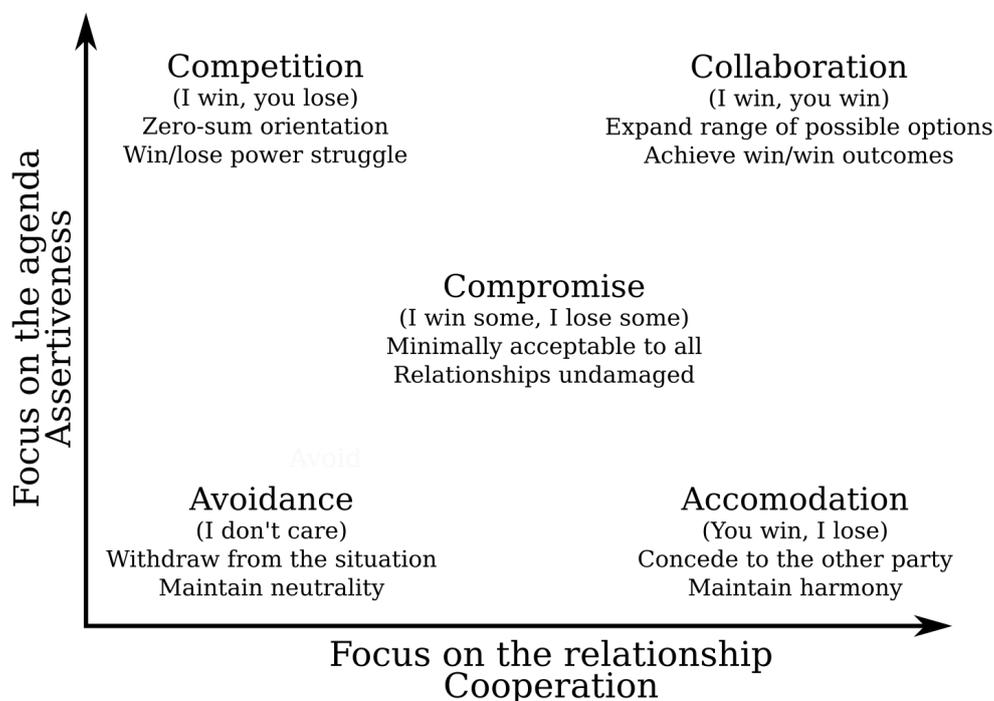


Figure 1

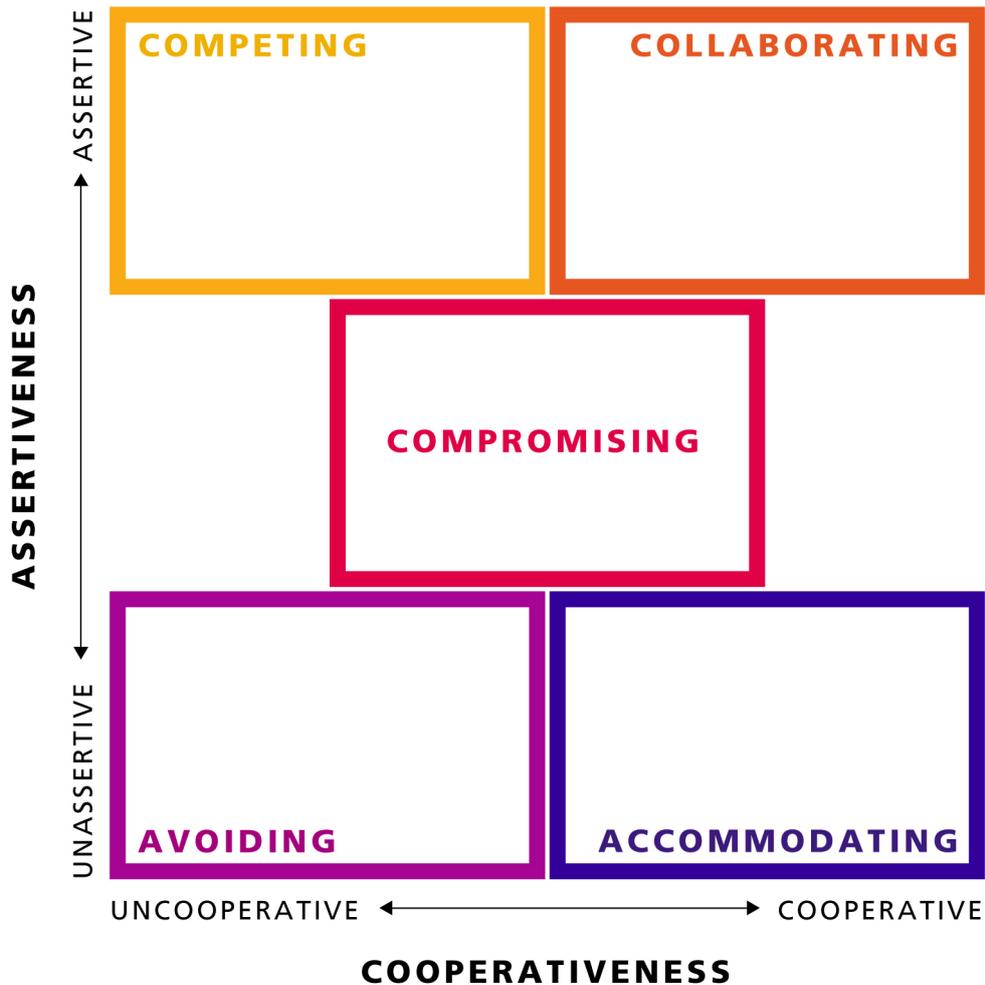


Figure 2

It is important to try and recognize:

1. What your default approach to conflict is.
2. The approach the 'opposition' is taking

This then means you can appreciate their perspective and try and use a different approach to what your default is. This is easier said than done but with some practice can be very helpful. Cultivating some skills in a few different approaches to conflict resolution can be very helpful.

Drs. Marco and Smith developed 10 principles of conflict resolution in EM.

1. Establish common goals (e.g., to deliver the best or most appropriate patient care possible in a patient-centered fashion).
2. Communicate effectively.
3. Do not take conflict personally.
4. Avoid accusations and public confrontations.
5. Compromise.
6. Establish specific commitments and expectations (e.g., who will see the patient, and at what time?).
7. Accept differences of opinion.
8. Use ongoing communications (invest in future interactions).
9. Consider the use of a neutral mediator for situations that are not working and become disruptive or emotionally problematic.
10. Be pleasant!

Detailed step wise approach.

1. Accept the existence of the conflict.
2. Focus on the big picture.
3. Separate the person from the problem.
4. Clarify and identify the nature of the problem creating conflict.
5. Deal with one problem at a time, beginning with the easiest.
6. Engage the respective parties in an environment of impartiality.
7. Listen with understanding and interest, rather than evaluation.
8. Validate issues and concerns.
9. Identify areas of agreement; focus on common interests, not on positions.
10. Attack data, facts, assumptions, and conclusions, but not individuals.
11. Brainstorm realistic solutions in which both parties benefit.
12. Use and establish objective criteria, when possible.
13. Do not prolong or delay the process.
14. Implement the plan.
15. Evaluate and assess the problem-solving process after implementing the plan (follow-up periodically).

Summary

- Having a robust approach to conflict resolution is important to ensure quality patient care, and engaged employees.
- Different people have different ways of approaching it. Work out what your style is and try and understand the styles of others, as this will help you work more effectively with them.
- Conflict dealt with effectively can contribute to learning, growth and development.

References

1. Conflict Resolution in Emergency Medicine. Marco Catherine et al. *Annals of Emergency Medicine*. 2002;40:347-349
2. Conflict resolution in Emergency Medicine – Gus M. Garmel