Faculty Scholarship

2005

Manage Conflict Creatively

Debra Gerardi
UC Hastings College of the Law, gerardig@uchastings.edu

Virginia L. Morrison

Recommended Citation

Debra Gerardi and Virginia L. Morrison, *Manage Conflict Creatively*, 25 *Critical Care Nurse* S31 (2005).
Available at: https://repository.uchastings.edu/faculty_scholarship/1623

Manage Conflict Creatively

Debra S. Gerardi, RN, MPH, JD, and Virginia Morrison, JD

Addressing conflict in the clinical setting is essential to developing healthy work environments and productive working relationships.

The issues that arise are similar in all clinical settings. Some of the difficulties are related to complex clinical environments, merging organizational cultures, multicultural challenges, a lack of good communication tools, and the increasing needs of patients and families with decreasing resources. There is rapid change in the clinical setting and much of it is mandated. In complex environments, one change can lead to many other problems because so much of what we do depends on others. And, of course, most people do not like to be changed.

Our work environments have changed and there is a continuous exposure to chronic conflict, which leads us to become disengaged from each other. We become desensitized by the repeated exposure to toxic work environments and unresolved problems. Disengaging is a means to protect ourselves in organizations when we are never able to get completion and follow-through. This start-but-never-finish cycle is exhausting.

Debra S. Gerardi, RN, MPH, JD, is a mediator and healthcare dispute resolution consultant. She is president and CEO of Health Care Mediations, Inc., providing mediation/ facilitation services, systems design, and conflict management training programs for healthcare organizations. She is a critical care nurse with more than 15 years of clinical and administrative experience in academic healthcare organizations.

Virginia Morrison, JD, is an alternative dispute resolution professional focusing on conflict resolution in the healthcare field. As executive vice president and CFO of Health Care Mediations, Inc., she mediates mental health, bioethics, research, clinical team, patient safety, and regulatory disputes.

Disengaging and conflict have an impact on patient outcomes, staff retention, and patient satisfaction. Conflicts are cracks in a broken system, and they can also be sources of creativity.

Learning to resolve conflict involves creating community. By focusing on what is meaningful and important to us, we can find ways to re-engage people and work together to manage conflict and develop creative solutions to complex problems. To build community and connection, we must build in an expectation of how we work together. We must pay attention to our working relationships in addition to our work tasks. How we work together is as important as what we have to accomplish. Poor working relationships contribute to operational and social hassles, which can diminish the time needed to form relationships with patients, families, and peers. One study showed that nurses spend an average of 6 hours a day just managing hassles. We can use mediation techniques to better develop our working relationships and to navigate difficult conversations under the constraints we work within.

Rarely do schools use collaborative models in clinical training, yet it is expected that clinicians will know how to collaborate when they come out of school. We need to incorporate structures, processes, and ongoing training to help develop and apply interdisciplinary collaborative practice. We are experiencing a change in the culture of healthcare as we try to integrate collaborative practice with a competitive environment.

Different Types of Conflict

Conflicts can be categorized into rights-based, interest-based, and values-based. Most conflict situations are a combination of these.

Rights-based conflicts involve issues that come from external written sources. Conflicts over how to interpret

the scope of a contract, EEO regulations, policies, or JCAHO standards are examples of rights-based conflicts. Interests are part of nearly every conflict, often have an emotional component, and can be equated with what motivates us the most. Values-based conflicts are deeply held and can be the most immovable. Examples include end-of-life conflicts and practice philosophies. Values-based conflicts must be dealt with differently since there is often a need to find a way for competing values to co-exist.

A Better Way

There are many challenges to managing conflict in health-care. Communication is difficult when we cannot all be in the same room at the same time for a meeting. Additionally, we have a desire to advocate for patients and a tendency to want to avoid negative interactions. Frustration and poor conflict management skills can lead to inappropriate behaviors and power plays. Developing conflict management skills can help us advocate more effectively and positively, refocusing on solvable problems rather than dwelling on past hurts or using negative personal attacks.

What we're after is a working relationship; the definition is simply the ability to negotiate and deal with differences. And, as nurses, we negotiate every day. The Harvard Negotiation Project found that a working relationship depends on the ability to balance reason and emotion, the ability to understand each other's interests, good communication, being reliable, using persuasion instead of coercion, and mutual acceptance.

Resolving conflict follows a process much like taking care of a patient. The first step is assessment. In assessing conflict, we look for symptoms or signs that someone's interests are not being met. These symptoms may include avoidance behaviors or a mismatch between what is said and body language.

During the assessment phase, it is important to look for what is motivating behaviors like being late, calling in sick, not answering pages, and not going to or being unprepared for meetings. These behaviors may indicate

a desire to avoid difficult interactions or may be a sign that there is an underlying need that is not being met, such as loss of reputation, need for respect, or a desire to have a better work-life balance. Just as with a clinical problem, long-term avoidance of a conflict can escalate it and can affect others.

We all contribute to whether we have a healthy work environment. To assess that environment, we can ask: What does a healthy work environment look like? When

Frustration and poor conflict management skills can lead to inappropriate behaviors and power plays.

there is a healthy work environment, what is working well to create it? How can those circumstances be replicated so that the environment is healthy more often than not?

Managing conflict contributes to a healthier work environment. Current research supports the need to move toward more collaborative work environments. Some of the benefits cited include:

- Improved patient safety
- Improved patient satisfaction
- Improved clinical outcomes
- Cost savings, with less money diverted to litigation, grievances, rehiring, and retraining
- Better staff satisfaction and staff retention

Bibliography

Baker C, Belinger J, King S, Salyards M, Thompson A. Transforming negative work cultures: a practical strategy. *J Nurs Adm.* 2000;30: 357-363.

Chassin M, Becher E. The wrong patient. *Ann Intern Med.* 2002;136: 826-833.

Forte P. The high cost of conflict. *Nurs Econ.* May-June 1997;15:119-125.

Gerardi D. Using mediation techniques to manage conflict and create healthy work environments. *AACN Clin Issues.* 2004;15:182-195.

Henneman E, Dracup K, Ganz T, Molayeme O, Cooper C. Effect of collaborative weaning plan on patient outcome in the critical care setting. *Crit Care Med.* 2001;29:297-303.

National Academy of Sciences. *Keeping Patients Safe: Transforming the Work Environment of Nurses.* Full report including Appendix B-Interdisciplinary Collaboration, Team Functioning, and Patient Safety. Washington, DC: National Academy of Sciences; 2004.

Press Ganey Satisfaction Report. Available at: http:// www.pressganey.com/newsflash/satisfaction_report_vii_082203.pdf. Accessed December 7, 2004.

Racy MF, Ceronsky C. Creating a collaborative environment to care for complex patients and families. *AACN Clin Issues.* 2001;12:383-400.