Conflict in the ED: Retreat in Order to Advance

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Introduction

Life begats disputes, disputes begat conflict, it was ever thus;

> Disputes begin as *grievances*. A grievance is an individual's belief that he or she (or group or organization) is entitled to a resource which someone else may grant or deny. People respond to such beliefs in various ways. They may, for example, choose to "lump it" so as to avoid potential conflict. They may redefine the problem and redirect blame elsewhere. They may register a *claim* to communicate their sense of entitlement to the most proximate source of redress, the party perceived to be responsible.[1]

Conflict is an inevitable fact of life in emergency departments as it is in many other areas of life in general and healthcare delivery specifically. Conflicts arise between patients and caregivers, patients and administrative staff, patients and physicians, not to mention the myriad of conflicts that arise between and within the nursing staff who are trying to care for too many sick patients without adequate resources. In addition, physicians are in conflict with administration, with nurses and with each other as they struggle to move patients through an overburdened hospital system.[2] But why should this create a problem? After all, emergency physicians are trained and equipped to deal with all sorts of crises, they are the ultimate jugglers in the circus of healthcare, experienced at simultaneously managing numerous demands.

While disputes are a natural part of life, their positive and effective resolution requires that we learn certain skills and gather an understanding of how better to deal with them at various levels of interactions. Of course, even if people understand that conflict is inevitable, it is hard to accept that conflict may also be necessary. For, despite the fact that many people try to avoid conflict at all costs, conflict actually stimulates us, drives us to cope and inevitably makes us stronger. The problem with conflict is not its existence, but rather its management. . When conflict begins to erode relationships, interfere with service delivery and jeopardize safety it is a sign that conflict is not being properly managed. [3].

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[1] R. Miller, A. Sarat, *Grievances, Claims, and Disputes: Assessing the Adversary Culture*, 15 LAW & SOCIETY REVIEW 3-4 at 525 (1980-81)

[2] The provincial Colleges of Physicians and Surgeons receive, numerous complaints each year, the majority of which come from dissatisfied patients.

[3] There is a wide array of writing on the various approaches to the management of conflict, see for example; Fisher, Roger and Ury, William "*Getting to Yes*" or C.A. Costantino, c. Sickles Merchant*, Designing Conflict Management Systems: A Guide To Creating Productive And Healthy Organizations* e *Dispute Resolution: Negotiation, Mediation and Other Processes* (3rd ed.), Goldberg, S. B., Sander, F.E.A., and Rogers, N. H. (eds.), (Gaithersburg, NY: Aspen Publishers, Inc., 1999); *The Handbook of Conflict Resolution- Theory and Practice*, Deutsch, M., and Coleman, P.T., (eds.), (San Francisco: Jossey-Bass Publishers, 2000); *The Mediation Process – Practical Strategies for Resolving Conflict (*2nd ed.), Moore, C. W. (San Francisco: Jossey-Bass Publishers, 1996); Mayer, B., *The Dynamics of Conflict Resolution – A Practitioner's Guide* (San Francisco: Jossey-Bass Publishers, 2000). A number of good references from Canadian DR practitioners provide excellent background as well, including: Macfarlane, J. (ed.)*, Rethinking Disputes: The Mediation Alternative* (Toronto:

Clearly healthcare workers have a common goal of good patient outcomes; yet each may have a different framework or vision of how to reach that goal. Often the issues that lead to conflict do not at first blush appear to directly influence care for the patient and yet, as relationships erode between and amongst providers, decreased job satisfaction follows, with inferior patient care the inevitable secondary casualty. The cost of unresolved conflict is both extensive and expensive and includes emotional costs as well as financial costs to care providers, clients, administrators and facilities.

Managing Conflict

As the chart below illustrates (*Figure 1)*, there are numerous options in the way that individuals or organizations deal with conflict, ranging from avoidance of the situation to a declaration of all-out war. While early intervention through negotiation between conflicted parties is often the most desirable option, there may be situations where a dispute involves imbalances in power and resolution may be more achievable using the neutral facilitative approach provided by a third party mediator or arbitrator. As the field has developed, significant differences in style and approach of Dispute Resolution (DR) practitioners have been analyzed and categorized. The various approaches range from the more hands-off or "transformative" to the more directive or "evaluative". Different styles or methods may be appropriate to certain types of problems and not others. The "facilitative" style is situated between the above two extremes and results in a distinctive blended approach[4].

A neutral third party can be an individual within the workplace who has experience in mediation or an outside agency that can play the role of mediator or arbitrator, depending on the situation. Less desirable (and more costly) is the involvement of legal counsel and potential decision-making by the courts. As Table 1 illustrates, each step away from early resolution of the conflict by the parties themselves results in diminished control of the outcome with increased delay in the process as costs escalate.

Table 1: Responses to Conflict

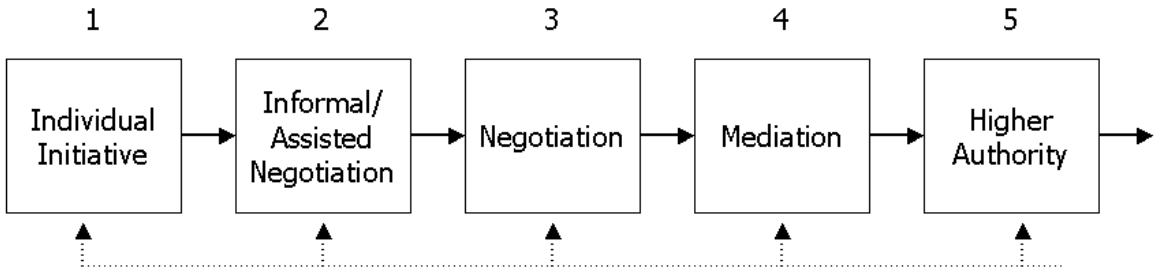
Emond Montgomery Publications, 1997); Macfarlane, J. (ed.) *Rethinking Disputes: Readings and Case Studies* (Toronto: Emond Montgomery Publications, 1999); Emond, D.P., Commercial *Dispute Resolution,* Aurora: Canada Law Book, 1989; Picard, C.A., *Mediating Interpersonal and Small Group Conflict* (Ottawa:The Golden Dog Press, 1998).

[4] An excellent summary of these differences is provided in an article by Riskin, L.L., "Understanding Mediators' Orientations, Strategies and Techniques: A Grid for the Perplexed", *Harvard Negotiation Law Review*, 1996, 1:7, 7-49.

Avoidance	**Collaboration**	**Higher Authority**	**Unilateral Action**
Stick your head in the sand	Individual Initiative	Ombuds	Physical Violence
Hope it goes away	Informal Negotiation	Neutral Evaluation	Strikes, Lock-outs
	Formal Negotiation	Arbitration	War
	Mediation	Boards or Agencies	
		Litigation	

Another way of presenting the various options along the dispute resolution continuum is illustrated using the "Preferred Pathway" (*Figure 1)*. Of course many individuals and facilities do not choose to follow the preferred pathway. Traditional approaches to conflict result in many disputes escalating very quickly to step 5 on the pathway, thereby bypassing more collaborative and less costly options. The example provided in this article outlines the benefits, both professional and personal of using a more collaborative and interactive approach to conflict.

Figure 1: The Preferred Pathway



A Case in Point

An Emergency Department (ED) in a small community hospital was embroiled in a conflict that had simmered for a number of years. Physicians were divided within and amongst themselves, nurses had or were threatening to resign, administration was alienated from staff and the community was anxious and angry about the threatened loss or reduction in emergency services. While this situation was obviously troublesome for this facility, the conflict was similar in scope and effect to numerous situations being played out in many emergency departments across the country. Reduced resources, increased workloads and an ever increasingly demanding and educated public had led to an untenable situation that requires immediate and effective intervention.

In this case, while the ED was the initial site of the conflict, the situation had escalated to the point where it was not only the ED that was involved; the problems had become wide-ranging and had expanded to include the entire hospital including the Board of Trustees. In addition, many members of the public in this community of 20,000 people had also become involved and were now actively and publicly taking sides. Recognizing that the extent and duration of the conflict had incapacitated the hospital's ability to solve the problems internally, the administration sought the assistance of a team of dispute resolution professionals. [5].

A Working Group was created involving representatives from all stakeholders and over many months of regular meetings, employing an interest-based process,[6] a number of issues were identified. The issues were prioritized and a consensus approach was used to

develop potential solutions to the problems. While this broader process was successful in addressing some of the ED issues, other unique issues remained. In addition, during the initial Working Group process, a new Chief of Emergency was hired, and it was

[5] The authors were members of the dispute resolution team that was hired as intervenors to assist the facility in the resolution of the facility wide conflict. (PM) is a senior associate and (JA) is a founding director

[6] The principles of interest-based negotiation are well developed in the conflict resolution literature. See Fisher and Ury, "Getting to Yes" supra note 3. The basic principle of interest-based negotiation (IBN) involves an approach that focuses on individual interests rather than polarized positions. The goal is for all parties to achieve a satisfactory outcome and a result that is a "win-win" for all involved

determined that the ongoing ED-specific issues should be dealt with at a retreat involving all the staff members of the ED. The services of a conflict resolution company specializing in collaborative healthcare solutions were requested to facilitate a one-day retreat involving the clerical, nursing and medical staff.[7]

Identifying the Issues

In order to plan for the day and accomplish the goals of examining issues and brainstorming potential solutions to the problems, all members of the ED completed a questionnaire (see below*)* prior to the retreat. This allowed each staff member to state clearly what he/she enjoyed about working in the department as well as identify what made it difficult to do his/her job effectively. There were five categories used to identify concerns regarding the functioning of the department.

Questionnaire

Q1. What are the main reasons you enjoy working in the ED at the hospital?

Q2. What are the things that make it difficult for you to do your job effectively?

Q3. For each of the following categories, please describe the problems you see or the concerns you have regarding the functioning of the ED at the hospital:

A) Interpersonal relations (getting along with other staff in the department)

B) Patient Care (how patients are cared for in the department)

C) Policies and Procedures (ED protocols that guide how things are dealt with)

D) Relationship with Hospital (how the ED functions with other parts of the hospital)

E) Community Relations (how the ED interacts with the town)

Q4. If there are issues particular to your job as clerk, nurse or physician that should be discussed only within that group, please describe them.

Other comments:

[7] One of the authors (JA) was the lead facilitator of the retreat.

Ninety percent of staff completed and submitted the questionnaire and the facilitators compiled the results. The retreat itself was planned by the ED Chief and Nurse Manager in order to assure it was seen as an ED initiative and was held on a day conducive to allowing as many staff to attend as possible.

Exploring the Options

After a brief introduction to the agenda for the day, the facilitators assisted the parties in defining the ground rules[8] for a process that would guide the discussions. In this situation, the group agreed to treat each other with respect, without interruptions or negative non-verbal behaviour and to reach decisions by consensus through a process of interest-based negotiation (IBN) In this type of facilitation, interest-based approaches involve encouraging and valuing all points of view, looking behind the positions that people express to find the interest that lies beneath. For example when someone says they want more money or they will quit, what they may really be saying is that they need more recognition of the value they bring to an organization or a department. When there is no more money, other options for providing recognition need to be developed.

Next, the issues that had been identified in the responses to the questionnaire were explored, refined and verified. The staff was divided into five working groups, each with representatives of clerical, nursing and medical staff. Each group was assigned the task of brainstorming options to address the concerns raised in the list of issues pertaining to one of the following five domains: interpersonal relations, patient care, policies and procedures, relationship with hospital and community relations. The facilitators circulated among the five groups to encourage fruitful discussion within the spirit of the established ground rules. Considering possible solutions in such an interest-based and collaborative fashion allowed the generation of new ideas by co-workers in a non-threatening environment.[8]

The techniques might include brainstorming, option generation, allowing all ideas to remain valid and uncriticized until a defined time to refine viable options together. Table 1 outlines the steps that are classically taken to bring parties in conflict from entrenched positions to common goals by the process of facilitated negotiation by experienced mediators. Each stage from story telling to solutions requires commitment by all parties to the process, including the facilitator.

Table 2 The Facilitation Process

[8] The establishment of such ground rules encourages discussion amongst all parties at the table to clarify their values regarding communication, collaboration and the decision-making process. Once they realize that they can come to consensus as to how the meeting should proceed, the first step towards agreement is made and success is anticipated.

	What the Facilitator Does	What the Parties Do

Opening: Welcome and Introduction	• Explains the process
	• Explains the facilitator/mediator role
		• Discuss and decide on ground rules
		  • Confidentiality
		  • Respect
		  • Timeliness

Stage One: Telling the Story	• Asks questions in order to clarify the issues	• Each person in turn speaks about the situation
Stage Two: Identifying Issues	• Helps create list of issues • Reinforces ground rules as necessary	• Agrees on what are the issue(s) in dispute • Seek to find common ground
Stage Three: Generating Options for Resolution	• Helps parties generate options • Helps parties stick to the issues as identified	• Suggest as many alternatives as possible • All ideas have potential merit at this stage • No criticism of ideas
Stage Four: Reaching Agreement	• Assists in development of agreement • Writes down agreement as developed by parties	• Decide on points of agreement • Sign agreement if ready • Agree on next steps if more time required
Closing	• Ensure parties understand agreement as reached and next steps • Acknowledge everyone's hard work	• Ensure agreement is acceptable to all • Acknowledge everyone's contribution • Determine next steps as required

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Over lunch the members of the ED were able to socialize and continue discussions in a relaxed setting, gazing out at the countryside instead of towards a full waiting room of anxious patients. In turn, each group presented their possible solutions to the issues and the facilitators encouraged spirited discussion and debate in order to reach consensus within the department. A few issues were set aside to be dealt with by the physician group at a later date, as collaboration was required with the hospital administration and medical staff.

For each solution accepted, an implementation plan was devised, to include a goal statement or expected outcome, measurement of expected outcome or performance indicators, and a number of specific steps to implement. These steps detailed the person or committee responsible, a start and end date and indicating any supports required, including financial implications. Inherent in the process of implementing the action plans is the concept that collaboration must continue. The development of a code of conduct by the department (as contained in the example below) is important to elaborate the expected behaviors of co-workers and contains defined guidelines for non-compliance, sometimes referred to a "levels of consensus". [9]

[9] Reaching consensus is the preferred method of decision-making in a facilitated process. Often individuals make decisions by voting since this is what they are used to doing. . However, voting polarizes people and leaves a sense of winners and losers. Using a consensus-based model of decision-making allows everyone to be a part of the outcome. For each decision, there are fours levels any of which a person may be at at different times for different issues; 1. I agree completely and want this to go ahead, 2. It's not my first choice, but I can accept it, 3. I cannot agree and I block this from going ahead or 4. I need more information before making a decision. The facilitator seeks to move everyone towards the first or second level, which indicates an acceptable decision.

IMPLEMENTATION PLAN: INTERPERSONAL RELATIONS

GOAL STATEMENT/EXPECTED OUTCOME:

1. **Improve Departmental communication**

MEASUREMENT OF EXPECTED OUTCOME/PERFORMANCE INDICATORS:

- Code of Conduct will be developed and communicated.
- Resolution of departmental issues by consensus
- Improved communication between ED team members

This plan of action may be no different than that developed by administrators of other EDs. The difference is that it was achieved by

STEPS TO IMPLEMENT	Committee/ Person(s) Responsible	Begin Date	End Date	Supports Required	Financial Implications
➢ Develop Departmental Code of Conduct (give respect/receive respect)	ED Team	Jan/03	Mar/03	Clerical	No
➢ Establish Joint Nursing/Physician meetings	ED Chief / Nurse Mgr.	Jan/03	Ongoing	Clerical	Minimal
➢ Develop ED Resource Manual	ED Chief / Nurse Mgr.	Jan/03	Feb /03	Clerical	No
➢ Recognize and celebrate successes	ED Team	Immediate	Ongoing	No	No
➢ Review Orientation Manuals for MDs and RNs	Senior Management	Dec/02	Dec/02	No	No
➢ Recommend appointment of an ED Rep. to new Communication Committee	Communication Committee Chair	Dec/02	Ongoing	No	No

consensus involving not just a few medical and nursing administrators or a committee of the department, but a majority of those providers involved in daily activities in the workplace. The process of the decision-making becomes just as important as the solution itself, as it affords the parties the opportunity to work together to solve problems, rather than reacting to an imposed solution. In many other facilitated situations, a Working Group, representing the various parties, are empowered by the larger group to discuss the issues, explore options and define plans for action by the larger group. It should be noted that this process is facilitation rather than mediation, both being examples of ADR or appropriate dispute resolution [10]

In any process such as the one described, there are risks that should be appreciated. Some of those that the authors would consider problematic include the following;

- If the mediator is not skilled and/or members of the department don't follow the rules the retreat can degenerate into a whine and complain session where much hostility and frustration is expressed with little constructive output
- If retreats are held, but the implementation plans that are developed are not carried out, participants may become cynical and frustrated
- Retreats may not include all of the relevant participants. If the main source of conflict in one ED is resource shortages, having a retreat may not help unless the hospital and appropriate government agency take part.

Costs

The issue of costs is an important consideration. The measurement of such costs is often difficult, above and beyond those monetarily tangible. The actual costs of this ED retreat including the rental of space outside the hospital, catering and facilitation by external experts numbered less than four thousand dollars, yet the time commitment by the staff on off-duty hours is more difficult to estimate. So too is the cost of sick time generated by stressed and disgruntled employees, the cost of hiring casual replacement nurses, the costs of union grievances, the time spent in meetings with administration to address clashes within the physician group, the costs of recruitment and training of professional healthcare workers, to name a few. Just as important is the cost in terms of relationships between and among the variety of staff working in an environment where teamwork is critical. Regarding the broader hospital-wide conflict, the administration had previously sought the assistance of a number of expensive consultants whose reports had been received and whose recommendations had not, by and large, been adopted. The aim of this facilitated process, as with any interest-based negotiation or mediation by neutrals, was to encourage the entrenched parties to develop solutions upon which they could agree and for which they would take ownership.

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10 This type of facilitated process has been used effectively in numerous other situations by the authors, for an example see*; Using Dispute Resolution to Resolve Health Care Conflicts: An Essential Tool in Hospital Risk Management;* Risk Management in Canadian Health Care, Vol.4, Number 7

Conclusions and Outcomes

At the conclusion of the process the ED Chief and Nurse Manager had a blueprint for action, which was a product of the entire ED team's efforts, achieved in a collaborative manner. The team members themselves felt energized by the process which had involved them intimately in decision-making and allowed them to get to know each other outside the hospital setting. The facilitators departed with the sense that the members of this group had taken positive steps to resolve the conflict which had divided them and were now in a better position to recognize and deal positively and collaboratively with the future conflicts that would be an inevitable aspect of their professional and personal lives.

While it is often difficult to accurately measure outcomes in a project such as this, the use of implementation plans with specific goals, responsible parties and projected timelines are helpful. Feedback from the Chief of the ED in this case has indicated that significant advances have been made over a six-month time frame, particularly regarding issues of staffing. This includes enhanced clerical and full-time nursing personnel, successful recruitment of full-time emergency physicians, and improved coverage on night shifts. Also reported has been a sense of improved teamwork and positive attitude and outlook by the majority of staff members.[11]

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11. Personal communication (JA)