

Untangling Conflict in Healthcare

Resilient Health Care Net Summer Meeting

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Session objectives

1. Conflict is pervasive in healthcare
2. Conflict impacts all aspects of resilience
 - Responding
 - Monitoring
 - Learning
 - Anticipating
3. There are several approaches to conflict
4. Some are more suited to understanding and reinforcing organizational resilience in healthcare

Conflict in the Real World



Approaches to Conflict

Power

- Who is the strongest? (Trunk Monkey)

Rights

- What are the rules?

Interests

- What motivates each party?

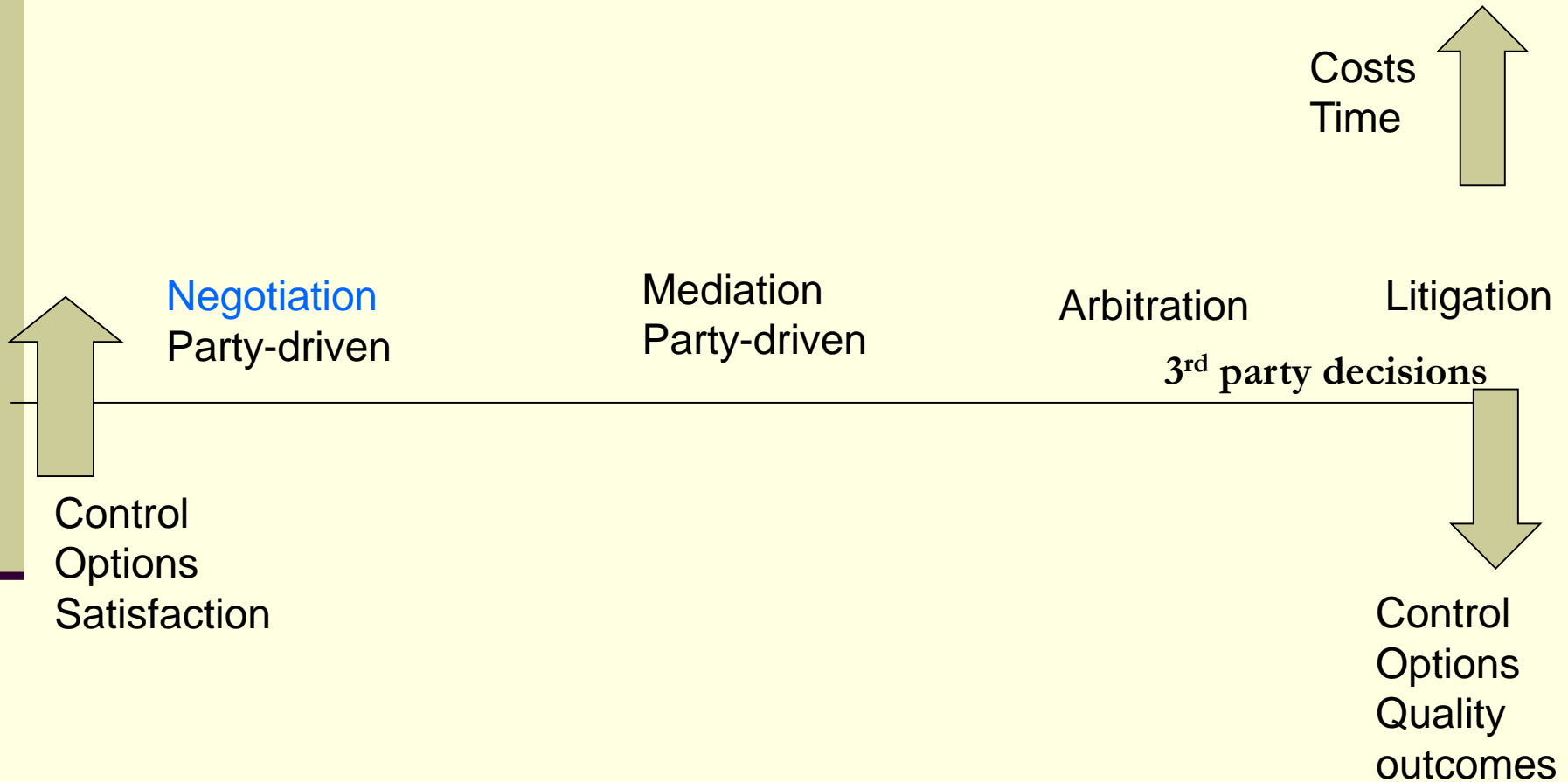
Values/Relations

- How important are the relationships?

Conflict and Disputes

- Conflict turns into a dispute after:
 - we **name** it
 - we **blame** someone
 - we **claim** some redress
 - we don't get what we want
- The approach to conflict adopted by an organization will influence the impact on resilience at all levels

Traditional Dispute Resolution Spectrum



Conflict Assessment

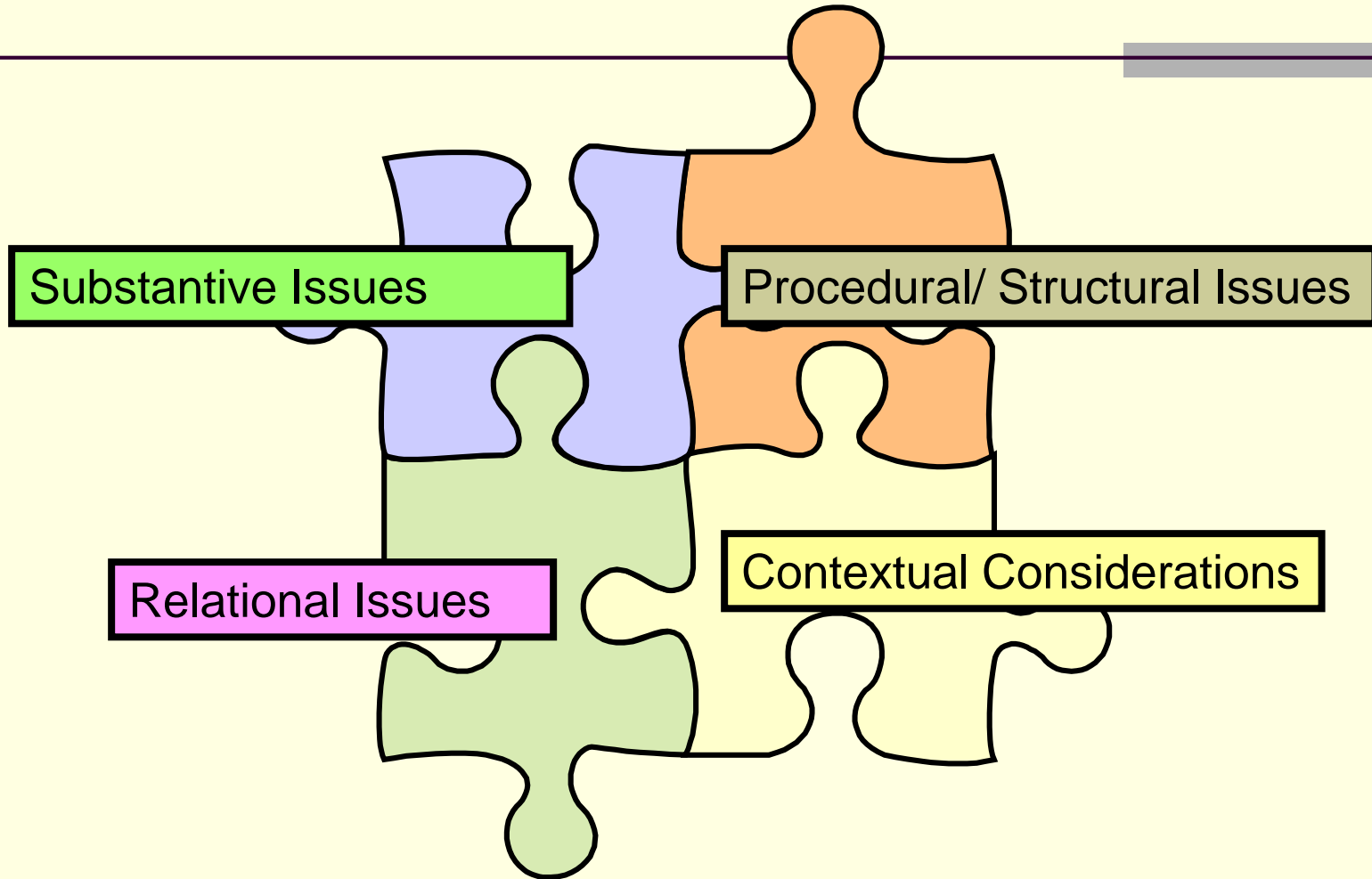
- Making sense of a conflict situation requires assessment including collecting information:
 - about the people involved,
 - the issues they are raising,
 - their relationships,
 - the emotions involved, and
- the context or environment in which the conflict is occurring.

Conflict Analysis

All conflict is *contextual* and involves three main areas:

1. Substantive issues -what the conflict is about
2. Procedural (structural) issues -how decisions are made and information is shared
3. Relational issues - how people are behaving toward each other, emotions, and the level of trust.

Conflict Analysis Framework



Case Study

Dr. B is a 63 year old orthopedic surgeon in an urban community hospital receiving extremity trauma cases

Dr. B grabbed a nurses' wrist during a disagreement related to access to a particular piece of equipment during a surgical case.

Prior incidents of profanity, yelling and other difficult behavior had been reported

The hospital peer review committee required that the department chair take some action to address the disruptive behavior.

Case Analysis (V1.0: Rights based)

Chief of Surgery consulted with HR Department.

HR department consults:

- Incident report
- Details of previous complaints
- Code of Conduct for clinical staff
- Procedure manual
- Interviews physician and involved nurse

Behavior is unprofessional and unacceptable.

Recommends apology to nurse and sensitivity training.

Case Analysis (V2.0: Relational conflict engagement approach)

(Two mediators organized group sessions and multiple(26 persons) 1:1 conversations with OR staff, other physicians, managers, leaders, as well as reviewing hospital policies and relevant research, over one month)

■ Substantive Issues

- Policy regarding reuse of equipment
- Code of conduct / professional behavior

■ Structural Issues

- Decision-making in the OR
- Conflict management process in organization
- Policy making process/ education regarding policies

Case Analysis (V2.0: cont'd)

■ Relational Issues

- Prior incidents in OR impacted trust/ respect
- Hierarchical barriers to communication
- Poor conflict engagement skills among all parties

■ Contextual Issues

- Recent layoffs
- Tolerance of inappropriate behavior over time
- Only orthopedic surgeon on staff for 2 ½ years

Questions?

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