

Corporate Conflict

Understanding disagreement versus conflict

The combination of increased expectations, reducing resources, shorter waiting times and explicit service targets, conflict is not surprisingly on the increase. The team environment in healthcare is much akin to a witch's cauldron, containing a culturally, intellectually and socially diverse collection of ingredients stirred together. The more you turn up the heat, the greater the reactions that bubble away inside and the more toil and trouble you get on the outside (it's close to Halloween, what did you expect!). This article though, seeks to deal with a growing issue that need not be a growing issue at all – the inadvertent classification of disagreement as conflict.

Understanding our case example
Bob and Peter are attempting to decide whether their outpatient clinic is best served by 12 x 15-minute appointments, with 2 x 15-minute emergency slots at the end (Bob's view) or 17 x 12 minute appointment and no emergency slots (Peter's view). Each presents their arguments:

Bob believes that:

- You need 15 minutes to be thorough
- The emergency slots allow better management of patients close to target breaching
- Patients struggle to cope in 12 minutes, naturally delaying the consultations to 15 minutes anyway and forcing clinic to run over

Peter believes that:

- 12 minutes is just about enough if you are organised and efficient
- With more 12 minute slots, they'll see more patients leading to greater income
- By seeing 17 patients per clinic, they won't have so many breach issues anyway

Currently appointment times are scheduled every 20 minutes with no emergency slots and there have been instances of target breaches. The current appointment timing is simply based on historical practice, which both believe needs to change, especially as the Trust is naturally pushing for ever greater throughput. However, in Europe, the average consultation in this scenario remains at 20 minutes, based on anecdotal opinions that this is the right time for the correct level of thoroughness and quality, despite their being no audit or research evidence to confirm it.

Differing opinions

The reorganisation of the clinic is behind target, arising largely out of Bob & Peter's failure to reach consensus on the correct structure. Each has systematically presented their arguments and sought to provide snippets of evidence and justification that their opinion is the correct one. Sadly, both are now at impasse, with Bob saying it is a compromise to his professional standing and an unacceptable risk to see patients

in 12 minutes and Peter accusing Bob of undermining their financial security and ability to meet national waiting time targets. Both are clearly passionate about their positions and there appears to be no middle ground. Recently Bob and Peter have taken to avoiding each other.

The Trust has had enough. It has called in conflict resolution experts (Medicology, naturally...) to repair the situation to help Bob and Peter with conflict management. The big question is whether this is indeed conflict or simply a difference of opinion? Undoubtedly it is affecting performance and therefore we can probably all agree that it needs resolving.

Understanding conflict

Conflict is usually categorised as either warranted or unwarranted. Unwarranted conflict arises when one party effectively calls into question the validity of the other party i.e. it is personally directed. For instance, a theatre nurse says to an orthopaedic surgeon "you are rude and a bully". His response is to suggest that he has to be strong to get the right level of action under pressured circumstances, especially from nurses with a lack of focus! This type of conflict is more a reflection of underlying interpersonal difference where the nurse needs to be treated more sensitively or humanely than she currently is (which she experiences as bullying) and the surgeon wants to run a tight ship in the interests of productivity and control.

Warranted conflict (we don't like to term) is where two persons have a natural difference of opinion about the solutions to a problem. In fact, we don't see this as conflict at all, although it does have the potential to erupt into unwarranted conflict if not managed effectively. In our scenario, this is clearly the case and we are starting to see the early signs of the eruption with disengagement of both parties. Fortunately, the issue is much easier to resolve than unwarranted conflict, although without the correct methodology, neither Bob nor Peter may feel so.

Needs versus positions

Both parties are currently working at the level of positions. My opinion is (the position)... because (the justification)... In fact, both positions are simply each person's attempt at a solution but we need to know what drivers are underpinning the position if we are to help Bob and Peter through this. In order to do this, we need to examine the needs underlying the position. With some





Careful questioning and a little reflection, it turns out as follows:

If conflict is to be avoided, all needs should be satisfied in whatever solution is produced. However, whilst working at the level of positions, what Bob & Peter are doing is excluding other potential solutions that may meet all needs or represent innovation in practise.

Need-based problem solving

Now that we have ascertained needs, we need to form a common problem platform that addresses all aspects. That may look something like:

Bob's Needs	Needs in Common	Peter's Needs
Avoid the risk of missing something	To avoid breaching national targets	To enhance income by seeing more patients
Providing appropriate support to patients		

Table .1

GOAL

To create improved service delivery by improving income without compromising safety and support, whilst ensuring that all national targets are met.

As a goal, we'd add a timescale too but the above is sufficient to illustrate the process. Once the problem statement is agreed, you can see that all solutions must deliver against both person's needs, as well as those of the Trust. This gives rise to many questions that can help Bob and Peter resolve their challenge:

- How else can we improve income?

- What can we do to reduce wasted time?
- What can we do to improve patient readiness?
- Can we have mixed appointment times?
- What other support can we provide patients that lessens the burden in clinic?
- How can we best utilise staff and facilities to enhance throughput?
- What are our key 'musts' to ensure safety is always paramount?

Although Bob and Peter have still got work to do, they now have the mechanism to work through present and alternative solutions without arriving in conflict. By committing to a common goal, they may test each and every solution to see how it matches, rejecting the ones that don't serve all aspects of the goal. Conflict> What conflict?

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Oops!!

Like all best laid plans, last month we advertised the availability of our conflict resolution resource and thanks to both technical and human 'issues' we didn't deliver. We're human. Sorry! However, you'll be pleased to know it is now up and running, packed with valuable information.

Valuable guidance:

- Sources, signs & symptoms of conflict
- Guidance on stabilising it
- Understanding the people
- Clinical-managerial divides
- Senior peer-to-peer relationships
- Improving morale
- Team development
- Tools & techniques
- Do and Don't tips

Access to this information is free and we hope it is useful.
Visit www.resolvingconflict.co.uk

