

Conflict in Healthcare Organizations

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Abstract

Healthcare organizations struggle with internal and external causes of conflict. Successful organizations evaluate and retool existing conflict management systems to constructively, cost-effectively and practically control the negative impact.

Introduction

"Conflict is unavoidable," reflects the beliefs shared by Weeks (1994), Benedict-Bunker, Rubin, and Associates (1995), Morgan (1997), and Deutsch (1973). Healthcare organizations struggle with internal and external forces causing conflict and change. Financial pressures must be balanced against client satisfaction and quality. Scarce resources impact organizational ability to meet demands for services. Political pressures influence short and long-term decision-making. The healthcare atmosphere continues to evolve and this often ratchets up the tension one more notch. The successful organization deals with the conflict in a constructive and forward-looking fashion.

Healthcare organizations face pressures to reduce costs and improve productivity. Any factors obstructing that effort must be dealt with at the root. Issues like labor disputes, professional stratification and lawsuits directly and indirectly diminish the financial health of the organization. Internal strife damages working relationships, productivity, and the efficiency of service delivery. Managing internal disputes effectively saves time and financial resources. It requires an organizational commitment to enhance the current program dealing with disputes.

Conflict management systems take several forms and work at multiple levels. The most fundamental element involves resolution at the lowest possible level. This requires training key staff and managers in de-escalation, listening and facilitating. An important factor is the design and implementation of the infrastructure changes. Policies, procedures, and rewards guide individuals and groups through dispute resolution. An effective organizational program requires senior management and the human resources executive support.

Most organizations lack the internal expertise to accomplish parts of this system redesign. We highly recommend professional assistance in those areas where

internal experts are lacking. Ultimately, with professional support time, money and frustration will be saved.

Conflict

A conflict exists whenever incompatible activities occur (Deutsch, 1973). Conflict is an ever-present component of organizational dynamics. Conflict intervention early in the cycle reduces the effects of hostile environments emerging in the wake of spiraling discord (Deutsch, 1973). "All of us must make sure -day in and day out -that conflicts are aired and resolved before they lead to internecine war" (Bolman & Deal, 1997).

Conflict is usually valuable within the top management teams. Conflict surrounding paths of action, "cognitive," or "issue-oriented" conflict, at the senior levels is essential for effective strategic choice (Eisenhardt, Kahwaji, & Bourgeois, 1997). Creative tension becomes unhealthy, when escalated to detrimental levels.

Benedict-Bunker et al. (1995), suggest, interrupting the cycle of harm by taking the perspective of others during conflict. To resolve conflicts before they escalate we must seek solutions that integrate the concerns and interests of all parties. Therefore, observing conflict responses to organizational events promises insights regarding early recognition of the group members' use of conflict to resolve issues.

Conflict Roots

Fear, needs, values, interests, resources, power, change, and distrust represent a brief list of root causes for conflict (Slaikeu & Hasson, 1998). Every manager or executive faces intervening in daily conflicts.

Stages of Nonproductive Conflict

Within the fields of organizational literature, behavioral science and social psychology conflict is broadly depicted as a neutral phenomenon. However, when conflict turns destructive it impacts the organization's efficacy, stability and economic well-being. Research and practice suggest the following stages of nonproductive conflict consistently arise. Initially someone applies a personal agenda within the organization. Next, the individual seeks support for the personal agenda.

This process is known as intervention. Intervention addresses conflict, when an individual or group stands apart from a particular dispute, helping to identify issues and move toward a settlement (Benedict-Bunker et al., 1995).

Guiding Principles for Effective Organizational Change

Developing a set of guiding principles initiates the process of system improvement. The first principle asks, "Are you solving the right problem?" Often healthcare managers, administrators and/or supervisors view the symptoms as the problem. Thus setting out to solve the

symptom. Symptoms are the results of the problem (i.e., arguing, absenteeism, increasing error rates, etc.). The challenge is to unearth the root problem. Root problems cause symptoms.

Root problems manifest in many different forms. Burton (1996), Fisher and Ury (1983), and Moore (1996) agree that distrust, anger, frustration of basic needs or a sense of violated justice, trigger root problems between parties. The examples here serve as important contributors to healthcare organization conflict. Once the root problems are found, the exploration of solutions begins. The next principle asks, "Who should be involved?" All persons or groups (stakeholders) likely to be affected by a system altering decision, and those with power or political interest that can obstruct the project must be represented (Susskind, McKernan & Thomas-Larmer, 1999). Identifying all stakeholders follows a snowballing pattern. Expect to discover more stakeholders (participants) as the system change process evolves. The next principle question should ask, "What do we have versus what we need?" First you must establish what options are available within the organization. Then you explore what else might be available. Therefore the next principle looks at, "What approaches are available?" The first approach frequently applied is avoidance or transference. Conflict makes most people uncomfortable consequently avoidance can be selected as the path of least resistance.

Transference relates to avoidance, avoiding responsibility while making it someone else's problem. Transference relieves the individual of personal responsibility. Fortunately, there are other options. Collaboration, mediation, and facilitation are socially dynamic problem solving, conflict reduction or resolving methods. Each method strongly supports the participation of all affected stakeholders. Most frequently a neutral party assists the participants during problem identification, solution generation, action planning, implementation and evaluation. The strength these methods share is commitment of the stakeholders to their designed solution. The weakness is the time investment.

We qualify time investment as a weakness because real, durable solutions require a significant time investment. When you solve the wrong problem or apply the wrong solution you experience a renewal of the original problem or a new one.

Some problems don't lend themselves to joint problem solving

efforts. In that case you may rely upon a higher authority. This higher authority may assume multiple forms such as arbitration, collective bargaining, or appeal to contracts. Arbitration leaves the decision making in the hands of the disinterested arbiter. In some cases the arbiter is represented by a group of people, as in the case of collective bargaining. The outcome of those negotiations usually results in a contract.

Contracts or written agreements specify the actions of the parties. Contracts can be reinforced, renegotiated, disputed, dissolved, or retired. When disputed, the parties may seek remedy through negotiation, mediation, arbitration or litigation. Power of enforcement within healthcare organizations can originate externally or internally. Regulatory agencies routinely influence healthcare organizations through active enforcement arms. By contrast organizational power legitimizes enforcement for prescribed actions. Finally, the power of litigation is an external source of appeal.

Although, for some healthcare organizations, the prominent problem-solving approach is crisis management, there are more effective pathways. The organization must select the most appropriate approach matching the current situation. Creating options for prevention and early intervention allow organizational members to deal with issues at the lowest possible level. The questions guiding early intervention include: (See Table 1 below)

Based upon the answers to the preceding questions the need for retooling, preparation and training emerges. Systems supporting the lowest level intervention and collaboration require reviewing the system infrastructure. The next step is refining those elements to sustain organizational conflict management systems throughout all

Table 1

What is the real problem?	How long will the implementation take?
Who is affected by the problem?	Who will lead the effort?
Who is responsible for finding an answer?	Who will carry out what actions?
What are the options for resolving or reducing the impact of the problem?	How will we know if the actions resolve or reduce the effects of the problem?
Do we have the resources?	How often should we reevaluate the solution for continued effectiveness?
How will implementation effect the organization?	

levels. Managers, administrators and human resources professionals must review and revise all documents; policies and procedures to reward solving problems at the lowest level. The list of review documents includes but is not limited to: policies, appropriate procedures, roles and responsibilities, training and education.

Using the collaboration/mediation/facilitation model for consensus building and decision-making includes the users and engenders support. The side benefit of inclusion of all stakeholders in the process is that training begins early. The other benefit the organization reaps is the broader perspective and relationship building during the design phase. Therefore, including all levels of the organization in the process strengthens support of the final product. Training and practical experience enables organization members to participate in conflict de-escalation, management, and collaborative problem solving effectively. Each organizational situation is unique. Therefore, member training must be tailored to the organization.

Organizational Needs Assessment

The organizational needs assessment provides a current picture of the organization's system. All the representatives actively participate in the data collection. This serves as a measuring stick against which to review new options. Next, information distribution methods must be identified.

Information Dissemination

Information dissemination will be molded to the needs of the organizational members. The Board of Directors expects periodic progress reports and an executive summary. Participating stakeholders may publish a newsletter to inform constituents of the developments. Public announcements through periodic press releases may be appropriate. The methods must match the organization's resources and the needs of the stakeholders. The initial report to the organization's leadership will be the needs assessment. Based on the findings and recommendations options will be identified and reviewed.

Options Review

Options review involves educating all stakeholders regarding conflict management models. One size does not fit all. Representatives must distinguish between appropriate options for the special needs of the organization.

Component Selection

Selecting process components follows reviewing options. Selection considers organizational environment, culture, size, and resource availability. Once the components are identified then strategic action planning begins.

Strategic Action Planning

Action planning is where the stakeholder commitment and timely information dissemination pays dividends. Now more decisions need to be made regarding who will do what, with what resources, to accomplish within what time frame the goal?

Responsibilities are assigned. Procedural steps are identified. Timeframes for completion and milestones are forged. Resources and finances are allocated. Implementation is agreed upon. Measurements of successful outcome are established. As implementation coalesces more information and training must be planned and executed.

Training prepares the organization for the transition from the previous methods to the improved range of tools available for dispute management. Some users may only require 4 hours of training to promote access and use of the new system. Managers, administrators and human resource professionals may require as much as 40 hours of intense training depending on their level of responsibility. Once initial training is completed the demonstration project will be initiated.

Demonstration Project

A demonstration project allows implementation on a limited scale insuring the reliability of the program. A specific test period is assigned or a finite number of test cases. The testing, learning, and refinement of the system are the goals of this phase.

Full Implementation

Full implementation follows the review, refinement and performance of the system under controlled conditions. Full implementation may be in stages or in all areas at once. The caution is that slower is usually better. More time allows for more refinement and adjustment by the organization. Throughout the demonstration and implementation process we highly recommend increasing efforts to communicate with all stakeholders. When people lack information they will manufacture misinformation. Use all resources at your disposal to communicate. Anticipate the need for evaluation and reinforcement.

Evaluation, Follow-up, Refinement, Reinforcement and Support

Evaluation, follow-up, refinement, reinforcement and support form the perpetual feedback loop the organization requires to insure the effective installation and maintenance of change. Initial evaluation points may be as soon as 3 months or when 5 test cases transpire. The next evaluation may take place in 6 months or one year. The final component of the program perpetuity is retraining and training for new organization members. Staff turnover rates

dictate the frequency of including the conflict management system philosophical introduction and training.

Conclusion

Conflict is unavoidable (Benedict-Bunker et al., 1995; Deutsch, 1973; Morgan, 1997; and Weeks, 1994). Healthcare organizations are particularly vulnerable to conflict. As previously noted in the current healthcare environment organizations face incompatible directives to reduce costs insuring financial stability as well as improved quality and customer service. Some balance must be struck. To resolve conflicts before they escalate we must seek solutions that integrate the concerns and interests of all parties.

The root causes of conflict include fear, needs, values, interests, resources, power, change, and distrust (Slaikeu & Hasson, 1998). Effective conflict intervention requires healthcare organizations to develop a set of guiding principles supporting the process of system improvement. Like marketing, finance, and information management, healthy conflict management systems contribute directly and indirectly to the bottom line and the sustenance of the organization.

Dealing with conflict at the lowest possible level insures reduced resource consumption, better relationships between organizational members, and greater focus upon the organization's mission and goals. The front end investment in conflict resolution and improved human relations within the organization ultimately saves measurable expenditures for labor relations arbitration and the hidden cost of productivity reduction related to dissatisfied workers. The hidden cost of untoward patient care outcomes and extended lengths of stay are immeasurable. In the absence of conflict management, the lingering effects of unresolved organization conflict can result in a hostile work environment reflected in high turnover, high absenteeism, material and supply shrinkage as well as, in extreme cases, employee sabotage (Giacalone & Greenberg, 1997).

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