

Conflict Negotiation Notes

Session Objectives:

After this session, participants should be able to:

- Describe the communication techniques required for effective conflict negotiation
- Enumerate a structured approach to address active conflicts
- Discuss strategies for preventing future conflicts at the time of first intervention

Conflict is inevitable and has the following three components: disagreement, interference and negative emotionⁱ

- **Disagreement:** when individuals think that a divergence of values, needs, interests, opinions or goals exists
- **Interference:** when the behaviors of one individual opposes another's attainment of their interests, objectives or goals
- **Negative emotions:** including fear, jealousy, anger, anxiety and/or frustration

Communication Techniques for Effective Conflict Resolution

In Personⁱⁱ

- **Focus on interests, not positions.** Imagine a harried overnight internal medicine resident refusing to admit a patient.
 - A positional response to conflict might be: "If you don't admit the patient, I'll call your attending!"
 - A response focusing on intent might be: "I know you've had a horrible night. I can hold the patient another 45 minutes until you catch up. Can you commit to being here by then?"
- **Separate the person from the problem.** To resolve a conflict, try to discern the person's underlying intent. Imagine a nurse clearly irritated when you asked if he had discharged the patient. You had asked because you were free and could help if the patient was still waiting.
 - "Why did you react negatively when I asked if you had discharged the patient yet?" Ascertaining the intent of the other person's response creates space to achieve a positive outcome and avert miscommunication.
- **Avoid responding emotionally.** Imagine a scenario of an obnoxious consultant. It may be tempting to respond with anger. Maintain your composure. Silence can be used as a de-escalation tool.

Tips for Conflict Resolution on the Telephone^{iii, iv}

- Introduce yourself, your role and ask about theirs. This helps negate a sense of facelessness.
- Do not become defensive, argue or hang up the phone
- Allow the person to vent

- Use empathy – note that you can hear they are angry or frustrated
- Try to offer solutions or reasonable alternatives
- Keep the focus on the patient
- Try to obtain a commitment (e.g. “...to summarize, the plan going forward is you will help arrange a follow-up for the patient on Monday morning, is that correct?”)

A Structured Approach to Address Conflicts^v

1. Treat the other person or party with respect
2. Listen until “you experience the other side.” You do not have to agree with the person but make every effort to arrive at an understanding of their position.
3. State your views, needs and feelings

Strategies for Conflict Prevention^{vi}

- Get to know your colleagues. This helps to develop a reservoir of trust.
- Engage your colleagues. Showing interest in their work or acknowledging their impact on patient care shows respect, builds trust and can decrease conflict
- Display shared interests to your colleagues.
- Let your consultant know when you did them a favor (e.g. “I have this patient who came in at 4am but I didn’t want to wake you until 7am...”)
- Avoid public negative feedback and confrontation
- Be pleasant!

Notes adapted from the following sources:

ⁱ Barki H, Hartwick J. “Conceptualising the construct of interpersonal conflict.” International Journal of Conflict Management. 15(3):216-244 2004.

ⁱⁱ Strauss RW, Garmel GM, Halterman MK. Conflict management. Chapter 8. Section 1: Leadership Principles.

ⁱⁱⁱ Tate L, Smith AD. Conflict resolution on the phone. National Health Service. 2015. Available online at http://www.oxforddeanery.nhs.uk/pdf/Psychiatry_13.pdf. Accessed 3/27/17.

^{iv} Unknown author. “Improving relationships with difficult consultants. July 1998. Available online at <https://www.ahcmedia.com/articles/55441-improving-relationships-with-difficult-consultants>. Accessed 3/27/17.

^v Garmel G. “Conflict resolution in emergency medicine.” Chapter 208. Clinical Essentials. 2013.

^{vi} Chan T, Bakewell F, Orlich D. et al., Conflict prevention, conflict mitigation and manifestations of conflict during emergency department consultations. Academic Emergency Medicine. 21(3) 308-313 2014.