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Conflict: Thanks But No Thanks!

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Workshop Objectives...

1. Discuss factors that commonly contribute to conflict between family - team, or team member – team member
2. Describe strategies for conflict analysis and resolution
3. Identify own "triggers" and responses in a conflict situation
4. Provide some tools/concepts that you can try at home with your teams

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"Interactions between families and health care providers can bring tremendous satisfaction or may be a source of great frustration."

Lynn McHale, D. & Deatrick, J. (2000). Trust between Family and Health Care Provider. *Journal of Family Nursing* 6(3), 210-230.

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Conflict

"Conflict is a disagreement between 2 or more parties who perceive a threat to their needs, interests or concerns."

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... conflict is expressed as dissatisfaction by either staff or family about the other's care or concern towards the patient" (Jenkins & Bruera, p. 311)

Jenkins, C & Bruera, E. (1998). Conflict Between Families and Staff: An Approach. In *Topics in Palliative Care*, Volume 2, Eds. Bruera, E. and P. Portenoy. New York: Oxford Press. 311-325.

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- Almost half of the families of palliative patients are dissatisfied with some aspects of the care that they received and approximately 5% develop a conflict with staff.

Kristanson, L., Ashcroft, P. The family cancer journey. *Cancer Nurs* 1994.
Emery B, Bruera, E. Patterns of patient/family staff conflict on a palliative care unit, a 2 year analysis. *J Pall Care*, 1990.

● ■ ■ | Conflict can arise when there is a difference...

What is hoped for...

What is possible or likely...

● ■ ■ | What Kinds of Conflicts Have You Experienced or Witnessed?

- Complaints about the quality of care being delivered
- Conflicts about place of care
- Intra-familial conflict about decisions
- Inter-team/professional conflict
- Behaviours that suggest distrust, or other concerns

● ■ ■ | Many sources of conflict

Patient is unable to express needs.
Patient's expressed needs are not seen as valid.
The patient decides to withhold information from one party
Cultural/value differences
Differences in opinion about feasibility of achieving goals.

Family Dynamics, Stress factors
Nature of illness, trajectory of illness, Guilt, External stresses,
Distrust of the health care system
Maladaptive coping

Team
Fractionated team, Team style, Personal stress, Maladaptive coping

Jenkins, C & Bruera, E. (1998). Conflict Between Families and Staff: An Approach in Topics in Palliative Care. Volume 2. Eds. Bruera, E. and P. Portenoy. New York: Oxford Press. 311-325.

● ■ ■ | Challenging Behaviours

- Direct interference with delivery of medical care
- Excessive demands of staff time
- Alliances with other families against the health care team
- Inability to follow guidelines or non-compliance with directives
- Encouragement of the patient to be non-compliant
- Unrealistic expectations of the health care team
- Unavailability to patient or team concerning decision-making or support
- Dysfunctional, or potentially destructive, home environment that inhibits effective management of the patient outside the hospital

From: Logsdon and Zabawa, (1996). Care of the Cancer Patient: Response of Family and Staff. In Topics in Palliative Care: Vol. 2. Eds. Bruera, E. & P. Portenoy. New York: Oxford Press. 205-245.

● ■ ■ | Most Common Sources of Conflict:

- 1) Interpersonal Interaction / Dynamics
- Mismatched communication type
- 2) Difference in meaning & reasoning

● ■ ■ | Source of Conflict:

- 1) Interpersonal Interaction –
COMMUNICATION

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- People in interactions negotiate the definition of their relationship through verbal and non-verbal cues.
- You are saying so much more than what you are saying...
 - Sometimes our body language does not fit our verbal messages creating a cognitive dissonance in the listener.

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“Interpersonal Circle”

- The interpersonal circle is a model for conceptualizing, organizing, and assessing interpersonal behavior, traits, and motives

(Wiggins, 2003; Keisler, 1983; Gurtman, 1997)

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What if the reaction doesn't seem to fit?

- Is the person reacting to something else?
 - Past experience with illness or death
 - Past experience with conflict
 - Coping – grief, anxiety, fear
 - Some other motivation

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Communication Styles

- OPEN vs RESERVED
- DIRECT vs INDIRECT

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Our Personal Style...

- How we communicate is a result of many variables...
 - Personality, Gender, Culture
 - Situation/Environment

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Communication about Communication

- “Metacommunication” - exchanging information ABOUT the communication itself

Taking that step back – having the courage to talk about what is happening – a different level of analysis

We rarely do this in our teams... we focus on the content/opinions

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GEORGE BERNARD SHAW:

The problem with communication ...
is the *illusion* that it has been
accomplished.

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RACHEL NAOMI REMEN, MD:

The most basic and powerful way to
connect to another person is to listen. Just
listen. Perhaps the most important thing
we ever give each other is our attention....
A loving silence often has far more power
to heal and to connect than the most well-
intentioned words.

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Source of Conflict:

2) Differences in Meaning & Reasoning

- How do we come to conclusions about what
we think is "true" or "fact" in a situation?

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Meaning

- As human beings, we must assign
meaning to our experiences.
- That is how we determine our response –
coping, adaptation, etc.

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"Ladder of Inference"

(from Peter Senge-The Fifth Discipline)

- The ladder of inference is a model that
describes an individual's mental process of
observing situations, drawing conclusions
and taking action.
- When we say "*the fact is ...*"
what we are actually saying is: "*the fact, as
I understand it based upon my data selection
process, cultural and personal background,
judgments, beliefs and assumptions is ...*"

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- This is important as there are a lot of
steps in between the data and the
actions we take based upon that data.

Danger of Interpreting Behaviours

- We assume we know the meaning behind them.
- Culturally complex
- Risk of less communication, not more

What does this mean...?

- In working with patients and families, how do we apply the concept of understanding their "ladder of inference".

ASSESSMENT

- Discussion re. "what do you understand to be happening", values, goals of care, meaning of illness, etc.
- Danger – if we don't have these explicit conversations, we make assumptions

Style .. And its impact on a group

- How does the tone get set in a meeting...
 - ✦ Strongest style
 - ✦ Power imbalance
 - ✦ Patterns established over time
 - ✦ Change may come slowly

Listening Styles

- Appreciative (eg. music)
- Discriminating (eg. sound in a crowded room)
- Critical (eg. evaluation)
- Empathetic

CONFLICT RESOLUTION



"Conflict has a life of its own."



Conflict

- Conflict resolution is not a stand-alone skill.
- There are specific techniques and attitudes that are helpful, but conflict resolution interrelates with other skills.



CONFLICT RESOLUTION STYLE

- What is your conflict resolution style?
5 Styles identified by
– Kenneth Thomas & Ralph Kilmann
Thomas-Kilmann Conflict Mode
- Strategies



5 Styles

(Thomas-Kilmann Conflict Mode Instrument)

- Competing
- Accommodating
- Avoiding
- Collaborating
- Compromising



- What are my strengths and weaknesses?
What is my dominant conflict-management style?
- As I recollect, what are some specific instances when I have successfully resolved conflict?
- My unsuccessful attempts to manage disagreement are usually marked by what types of behaviour?



Managing Conflict Requires Many Skills

- Meeting facilitation
- Active listening and clarifying
- Redirecting
- Problem-solving
- Mediation
- Balancing support for the patient and family & support for the team and institution



Facilitation Techniques

Facilitate: "To make easy"

- Equalizing participation; Listing
- Brainstorming
- Active listening
- Pacing; Silence; Taking a break
- Call for Consensus
- Summarizing