Increasing complexity in today's healthcare environment emphasizes the growing need for a more integrated multidisciplinary approach to healthcare delivery. To be successful, this will require enhanced communication and collaboration between all members of the healthcare team in an effort to coordinate, provide, and document the delivery of appropriate, efficient, high quality, safe, satisfying care—this is easy to say, but often difficult to do. As payers and regulators look to reduce costs and inefficient variations in care, increasing pressures have changed provider financial incentives, redesigned models of care, reprioritized job roles and responsibilities, and extended accountabilities across the entire spectrum of care.

In a system beleaguered by tradition, hierarchy, fractionalized care, and time and capacity restraints, these pressures have taken a toll on providers by negatively impacting attitudes, feelings, and behaviors that may then adversely affect work relationships and outcomes of patient care. As the centerpiece of coordinated care, this is particularly true for the nursing profession.

Organizations need to recognize that all healthcare providers are a strained vital resource and should work to support them in a positive, constructive manner. Understanding the forces affecting individual needs, priorities, and behaviors will help pave the way for successful resolution. Working with our healthcare providers to better understand the issues at hand, provide support, and resolve conflicts will improve efficiency in communication and collaboration as a key element in providing the best care possible.

Conflict resolution: Unlocking the key to success
Locking away Healthcare is growing increasingly complex—advances in knowledge and technology, computerization, increasing access and demand, and changing models and expectations of care have all impacted the traditional healthcare delivery model. To be successful, organizations that care about culture, structure, and personnel are working together to meet this demand. Having strong leadership

commitment, cultural endorsement and support, effective policies and procedures, and a mutual understanding of goals and objectives is crucial. Equally important is reinforcing and addressing the contribution of individual and interpersonal behaviors required to complete these initiatives. So, what’s getting in the way?

Some of the barriers are systemic. What has traditionally been a hierarchical system of discipline-driven care with clear lines of authority and responsibility has now evolved into a more integrated process with new standards and responsibilities that call for more connectivity and accountability. The problems are compounded by a physician focus on command and control based on individual knowledge and technical expertise rather than a collaborative team approach emphasizing collaboration and communication, skills, shared decision making, and accountability. Fortunately, this is in the process of change.¹

Healthcare reform and value-based purchasing have caused organizations to adopt new models of care that have changed structure, processes, and job roles and responsibilities. These changes have pressured nurses to focus more time on staffing issues, meeting nonclinical

much less has been done to train nurse leaders on skills to deal with the interpersonal conflicts that occur daily in their departments. Policies set the standards and protocols, but these leaders need skills to address the nonconflictive and negative emotions that interfere with team effectiveness.

Several trends have been identified by nursing organizations that adversely affect their team members. Disruptive nurses verbally abuse their subordinates and junior peers, threaten them with body language, and humiliate them in a pattern collectively called lateral violence. Another form of disruptive behavior is vertical violence, which refers to similar behaviors occurring between people on different levels of a hierarchy.²

These behaviors undermine nurses’ self-confidence, causing them to suffer stress and indignity. Patients and physicians, as well as other nurses, are sources of this abusive behavior. Too frequently, nurses have “sacred cows to a victim mentality that facilitates a sense of powerlessness” and have reported concerns and the lack of action taken by supervisors.³

Less obvious, but equally disruptive, is behavior that ignores errors being made for fear of reprisal. Much of what The Joint Commission defines as “disruptive behavior” can also be considered disruptive behavior. The National Patient Safety Foundation has taken the stance that “disrespectful treatment of workers can be as deleterious to patient injury.” Its whitepaper cites findings that 95% of RNs feel disrespected in their roles, and 32% of nurses are thinking of changing careers.⁴

Disrespect among healthcare workers is widespread, prevalent, and needs to be addressed, but dealing with only one dimension of the culture, such as physicians’ mistreatment of nurses or nurses’ mistreatment of each other, will yield only limited results. A more global and pervasive strategy is needed to build structure and skills to build a more positive, respectful environment.

Cracking the code One good example of an all-encompassing strategy is the program introduced at the Virginia Mason Health System called Respect for People, which emphasizes that respect for everyone is essential to its success as a health system. All of its 5,500 workers were trained on 10 respectful behaviors to eliminate “the subtle disrespect so prevalent in healthcare today.”⁵ Many organizations have successfully implemented the Crucial Conversations Program that stresses the importance of developing staff member confidence and organizational support by encouraging individuals to speak up and confront others when they have concerns about patient care.⁶

Other organizations have adapted team collaboration programs based on the principles endorsed by crew resource management techniques, Situation Backward Assessment Recommendation, and other types of communication skills training, but techniques for resolving conflicts that prevent collaboration are only tangentially addressed, if at all.⁷

Any meaningful program that successfully deals with these everyday conflicts has to address not only the multiplicity of situations and the emotional and substantive level, creates empathy and respect for the other’s position, and sets the stage for buy-in. The leader can then facilitate joint
Removing barriers causing conflicts can result in a significant improvement in working relationships, engagement, and patient care.

Conflict resolution: Unlocking the key to success

problem solving from a position of respect and consensus, helping any conflict parties reach the best outcome.

The Exchange has a four-stage structure. In stage 1, the leader meets with each party to determine the nature of the conflict, bring to the surface the emotional impact on the individual feels, and discover the needs or interests of each party that must be met to reach a resolution.

In stage 2, the leader prepares a strategy for moving toward joint resolution, including a critical opening topic to start on a positive note. For example, if both participants respect, and uses these to move the process toward joint resolution. This strategy deals with emotional barriers in many ways. First, as a neutral mediator, the leader brings both sides together, drawing out emotions, encouraging understanding, and generating mutual respect, and, ultimately, trust. The leader creates emotional safety for all parties because people won’t let down barriers to conflict’s threatening emotions unless they feel that they’re in a safe space. The leader conveys that emotional content of conflicts is acceptable by providing an opportunity in the Exchange process for both participants to not only express their emotions but to ask participants to acknowledge that they’ve heard what the other participant has just expressed and the impact it has had on them. Finally, the leader acts as the face of the organization, and uses this authority to overcome reluctance and negotiate the best possible outcomes using joint problem solving. In other words, the key is to find practical solutions to the conflict.

Solutions may include a nurse agreeing to take further in-service training or the participants agreeing to have weekly meetings to discuss issues before they escalate into major sources of conflict. With each patients deal with their emotional and physical needs better while receiving care.

Collaboration is key

Healthcare culture must change to support nurses and other health professionals by valuing their unique complex and emotional pressures that are shaping care and payment models. Physicians will have less autonomy, nurses will have more authority, and the industry as a whole will experience widespread job redesign to serve the new models. There will be great outlays of resources needed for both the systemic and relationship changes required to accomplish this transition. Organizations that plan and budget for relationship needs now will find themselves in a better position to attract and retain the talented healthcare professionals they’ll need to fulfill their missions.

By 2020, it’s predicted that healthcare will require 1 million more nurses than are employed today (for a total of 4 million). In addition to backfilling the 20% to 30% of the aging talent pool that will retire in that time frame, many will leave the field due to retirement. Reimbursements will decrease 30% by 2017, so talent can’t be attracted and held by salary alone. What will attract the best talent to organize A versus organization B? Culture.

Given the growing complexities in today’s healthcare environment, improving nurse relationships and addressing the individual emotional impact generated by work-related conflict and resilience are key to improving efficiency in communication and collaboration, and dramatically affect the nursing climate and perceptions of care. It’s more than just developing appropriate policies and procedures. Building emotionally resourceful conflict resolution skills is an underutilized strategy designed to address these relationship barriers, neutralize disruptive behaviors, and extend collaborative behaviors that lead to productive healthcare environments. Leaders and staff members versed in these skills become better at addressing high-conflict personalities, cultural differences, and emotionally entangled attitudes and behaviors. These skills are directly relevant to the challenges nurses face in working with their teams and patients.

Healthcare institutions that promote these skills can transform leadership and improve healthcare efficiency, reduce preventable medical errors and adverse events, lower care costs, improve staff and patient satisfaction, and foster a culture where local, committed providers want to be employed. These skills can then become the key to improving the delivery of care.

REFERENCES


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