JBI EVIDENCE SUMMARY

CONFLICT RESOLUTION IN HEALTHCARE SETTINGS: STAFF CONFLICTS

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Question

What is the best available evidence regarding conflict resolution in healthcare settings with regards to staff conflicts?

Clinical Bottom Line

Conflict is an inevitable reality in healthcare organizations.[1] Traditionally, workplace conflict was viewed entirely as a negative aspect of organizational life, as “draining energy, reducing focus, and causing discomfort and hostility.”[1]Conflict was defined in negative terms as “processes occurring within a group in any of several forms, such as hostility, decreased communications, distrust, sabotage, verbal abuse, and coercive tactics.”[1] However, conflict may be defined in more positive terms as “discord that results from differences in ideas, values, or feelings between two or more people.”[1]

- A literature review suggests that conflict should be defined in a positive and comprehensive way that facilitates constructive resolution. It is possible for healthcare professionals to engage in conflict assertively and respectfully as a means for personal and organizational growth and innovation in practice. Review authors recommend that healthcare professionals should have access to educational opportunities around conflict resolution and also understand the differences between acceptable assertive behavior and unacceptable behavior such as violence or bullying in the workplace.[1] (Level 5)
- A “Conflict Management Checklist” was proposed by experts as a “diagnostic tool” for the assessment of conflicts in healthcare organizations. The aspects considered are:[1] (Level 5)
  - The conflict situation should be defined (the issue; the persons involved; other relevant parties; the history of the conflict)
  - Identification of organizational factors (working conditions; policies)
  - Identification of personal factors (personal issues; beliefs and feelings; usual anger management approach)
  - Self-reflection (use of questions such as “How does my behavior contribute to the dynamics of the conflict?”, and “what elements of the situation I am able and willing to change?”)
  - Clarification of steps for conflict resolution (such as acknowledge feelings and define the situation in positive terms as a problem that needs a solution).
  - An expert opinion suggests that while conflict within healthcare teams is inevitable, effective conflict resolution and management relies on transparent communication, listening and understanding the perceived focus of the disagreement. It is recommended that the seven C’s are avoided when approaching conflict including: commanding, comparing, condemning, challenging, condescending, contradicting and confusing.[2] (Level 5)
- An expert opinion article suggests ways to construct a conflict resolution program within a healthcare

organization. The author suggests that education is key to successful conflict resolution. Conflict resolution curriculum should include fundamental elements of conflict and conflict as a normative part of inter-human communication and interaction; elements of dynamic conflict; elements of the conflict resolution process (in stages); organization specific processes and procedures (including access). Conflict resolution models are important and should address both structural and process issues associated with conflict resolution. To be successful, the conflict resolution program must be supported by all levels of the healthcare system and be available to all staff regardless of position or shift.[3] (Level 5)

- Expert opinion suggests that the steps of conflict resolution should include a welcome and introduction, explanation of the process and identification of confidentiality issues. Participants should then be given the opportunity to describe their situation, identify the main concerns, seek solutions, and then evaluate a selection of solutions for resolution. The process and agreed solutions should be documented, solutions should be numbered and include individual commitment to actions, including follow-up. The mediation process should also be evaluated by the organization.[3] (Level 5)
- A pilot randomized controlled trial (RCT) investigated a "Hot Seat" training model targeting clinicians' conflict resolution skills. The "Hot Seat" model included two scenarios using actual patient care examples of interprofessional conflicts, where participants' dialogue was facilitated by trainers, actors and the audience. The pilot study found that the "Hot Seat" scenario-based training model improved participants conflict resolution skills when compared to controls.[4] (Level 1)
- A quasi-experimental study evaluated the feasibility of incorporating conflict resolution training (Shannon-Kim 4-Step Conflict Dialogue Model taught via "hot seat" simulation during a two-hour workshop). The study found that all participants strongly or somewhat agreed that the topic was relevant to residency training, they were able to manage the conflict scenario, and taught them skills they would use in the future. Authors concluded that the "hot seat" simulation for conflict resolution training was accepted by residents and increased comfort and perceived skills.[5] (Level 2)
- A quasi-experimental pre-post study assessed the effects of a conflict management educational intervention on knowledge gain, perceptions about conflict management, and trends in conflict management mode in the intensive care unit. The one-hour conflict management education intervention included four overarching objectives: (1) diagnose conflict type and cause; (2) recognize internal dialogue; (3) identify conflict management modes; and (4) develop awareness of self and others. Assessments included the Thomas-Kilmann Conflict Mode Instrument (as an educational tool) and a multiple-choice Likert-type questionnaire. The study found that the majority of participants had an avoiding conflict management mode (32%), followed by compromising (30%), with only a small number having a competing conflict management mode (5%). The pre-post questionnaire showed that knowledge and perception scores increased significantly following the intervention.[6](Level 2)

Characteristics Of The Evidence

This summary is based on a structured search of the literature and selected evidence-based health care databases. Evidence in this summary is from:
Two high-quality and one moderate-quality literature reviews including expert opinion.[1,2,3]

- A high-quality pilot RCT that included 60 clinicians from local hospitals.[4]
- A high-quality quasi-experimental study that included 36 physical medicine and rehabilitation residents.[5]
- A high-quality quasi-experimental study that included 49 providers (10 physicians, one advanced practice provider, 18 registered nurses, eight respiratory therapists, and 12 not specified).[6]

Best Practice Recommendations

- It is recommended that all staff receive initial and ongoing conflict resolution education including

fundamental elements about conflicts and conflict resolution. (Grade B)

- Healthcare organizations should have clear policies and procedures regarding conflict resolution within the local setting. (Grade B)
- It is recommended that each healthcare organization design and implement a conflict resolution program tailored to its specific characteristics. (Grade B)
- When conflict occurs, a formal process for remediation that includes assessment, solution seeking and evaluation of solution/s may be undertaken. The agreed solutions should be documented and followed up, and evaluated by the organization. The use of conflict resolution tools (e.g. Conflict Management Checklist, Thomas–Kilmann Conflict Mode, Conflict Communication Scale) may assist in this process. (Grade B)

References

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Archived Publications

1. JBI-ES-1126-1 (Published at 10 April 2021)
2. JBI-ES-1126-2 (Published at 11 October 2021)
3. JBI-ES-1126-3 (Published at 11 October 2021)

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For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. Worldviews Evid Based Nurs. 2015;12(3):131-8.