

Appendix 4

Conflict Analysis and Management

Conflict avoidance and management: Competency Descriptors

Team members that have mastered conflict avoidance and management will demonstrate the following: ¹

Resolves conflicts with others when disagreements arise related to opposing opinion, decisions viewpoints

- Understands issues that may contribute to the development of conflict
- Acknowledges that conflict can be productive
- Ensures conflicts are addressed before they become counterproductive
- Uses mechanism for conflict resolution if conflict escalates

Maintains flexibility and adaptability when working with others

- Re-evaluates one's own position in light of new information from others
- Cooperates with others involved in care
- Ensures that complexity, uncertainty and other stressful situations do not negatively affect relationships
- Ensures that conflict does not affect the care of the patient/client and that the patient/client remains the central focus of the team

¹ British Columbia Competency Framework for Interprofessional Collaboration reproduced with permission.

Conflict Management Styles Handout¹

Avoiding

Is hoping the problem will go away and not addressing the conflict. There is no attention to one's own needs or those of the other. Avoiding might be letting an issue go, being diplomatic or simply withdrawing from a threatening situation. This tool is effective when time, place or personal health make it inadvisable to pursue discussion.

Accommodating

Is meeting the concerns and needs of the other person and not addressing your own needs. This is giving in or yielding to the other person's views. This style is used when you want to work co-operatively with the other person without trying to assert your own concerns.

Compromising

Is looking for a mutually acceptable solution which somewhat satisfies both parties. You give up something, they give up something in order to come up with a solution you both can agree to. A compromise approach may work when you and the other person both want the same thing and you know you both can't have it.

Competing

Is a strong style where the individual uses their power or control of the resources to assert his or her own needs. Competing can mean trying to win, getting your own way, and is used when there is no concern for the other person's interests. The style is helpful when an important principle or need is at stake.

Collaborating

Is working toward solutions that satisfy the needs and concerns of both parties. This takes time to look at all the issues and interests you both have which are behind the original positions. This approach combines the search for new alternatives and creating solutions that end in a "win-win" situation.

¹ "Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres: Resources, Tips and Activities you can Use to Enhance Collaboration" (p. 70) reproduced with permission from The Association of Ontario Health Centers, Canada.

Personal Conflict Management Styles¹

1. Describe the conflict management style you most frequently use at work.

2. Describe the conflict management style you most frequently use at home.

3. Describe the conflict management style you usually use with friends.

4. Describe a conflict management style that tends to irritate you. Why?

5. Describe a conflict management style that you admire in others. Why?

¹ "Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres: Resources, Tips and Activities you can Use to Enhance Collaboration" (p. 71) reproduced with permission from The Association of Ontario Health Centers, Canada.

Conflict Analysis Tool²

If you do not have the opportunity to observe conflict in the clinical setting, the following scenarios have been provided for conflict analysis.

1. List all the factors that are contributing to the conflict.
2. Who is involved? Directly or indirectly?
3. What is the effect of the conflict on people? On the work?
4. What are the interests of each of the parties (Concerns, Hopes, Expectations, Fears, Beliefs, Assumptions, Priorities)?
5. What conflict styles are being used?
6. What conflict styles might be more appropriate?
7. List all the possible ways that this conflict might be resolved.

2 "Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres: Resources, Tips and Activities you can Use to Enhance Collaboration" (p. 72) reproduced with permission from The Association of Ontario Health Centers, Canada.

Conflict Case Scenarios¹

Scenario 1:

A social worker was asked to do something for the team leader in very little time. The work was completed in the time specified. The team leader then returned it with a 'post it' attached that said: 'Please re-do, there are many pieces missing.' The pieces were, in fact, not missing. The social worker went back and asked the team leader for a few minutes to chat at the team leader's convenience. The response was: 'It's not a good time but sit down anyways'; he proceeded to tell the social worker how disappointed he was with the work that she had done. When the social worker tried to point out that the missing pieces were on the reverse side of the page, she felt unheard. The team leader proceeded to highlight additional errors. His body language continued to be dismissive and there was no appreciation for the work that had been done in the short timeline.

Scenario 2:

Several people in one particular position at a CHC were hired and then left over the course of a year. Staff noticed this turnover and started talking among themselves about whether these individuals were getting fired and what they must have done. There was a sense of foreboding lingering around the CHC. Gossip started and staff started talking behind each other's backs about who was next. People felt under threat and less able to speak their minds.

Scenario 3:

A team in a small Community Health Centre is made up of a variety of disciplines. Staff feel that people are treated equally, except for one particular situation. There is a high incidence of diabetes in the community and the centre has developed an education program to address this. The health promoter, the dietician, the nurse practitioner and the physician all had a role to play in the workshop. But it seemed that the time of the physician and nurse practitioner was more valuable. The health promoter and dietician were the ones who had to do all the advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the nurse practitioner came in for a few minutes and presented their part of the workshop and then left. The routine tasks are not something the physician and nurse practitioner volunteer to do, nor are they directly asked to help with.

¹ "Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres: Resources, Tips and Activities you can Use to Enhance Collaboration" (p. 73) reproduced with permission from The Association of Ontario Health Centers, Canada.