



Nova Scotia Department of Health, Primary Health Care

Conflict Resolution

Participant Materials

Building a Better Tomorrow Together:

Team Development for Primary Health Care Collaboration

2009

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Building a Better Tomorrow Together

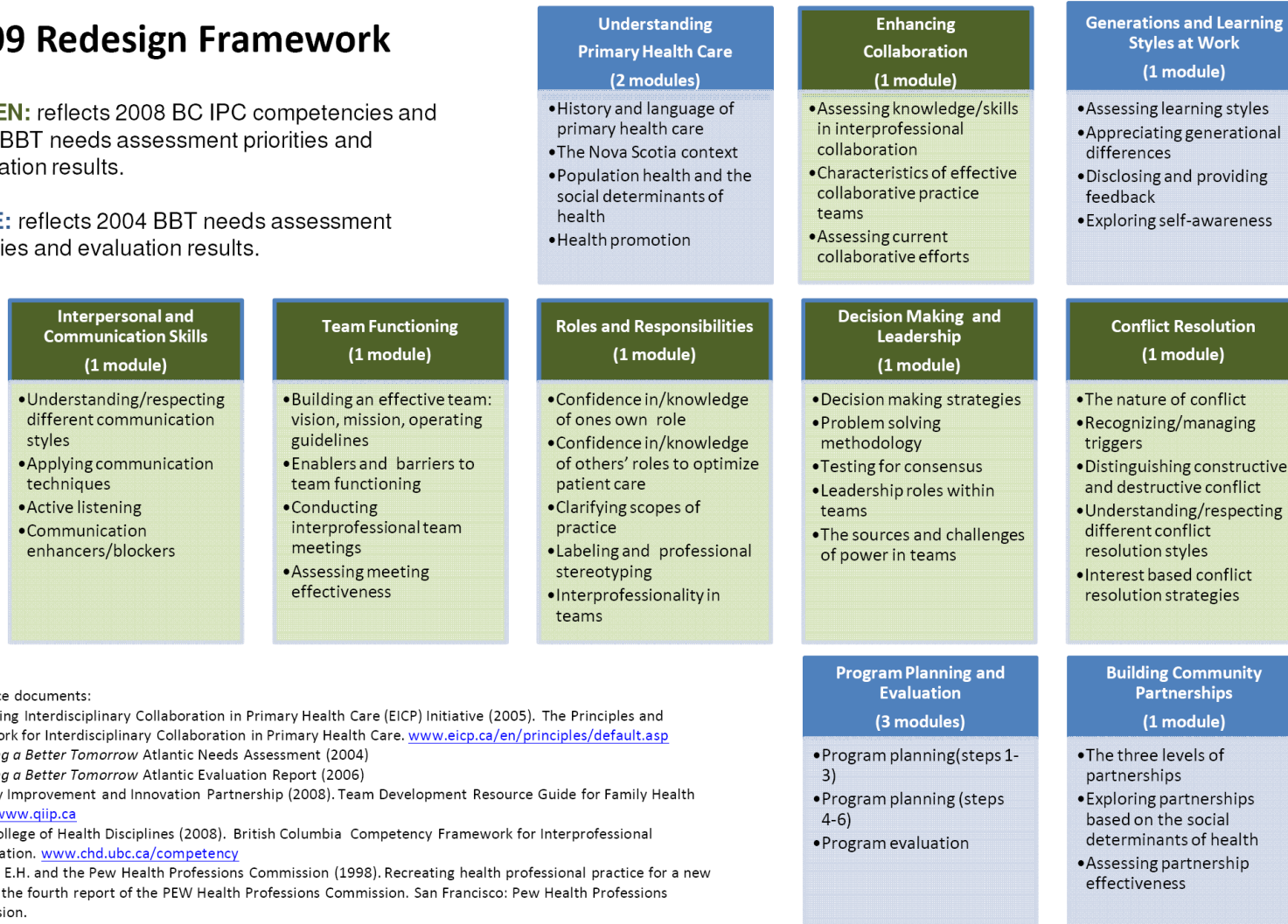
Team Development for Primary Health Care Collaboration



2009 Redesign Framework

GREEN: reflects 2008 BC IPC competencies and 2004 BBT needs assessment priorities and evaluation results.

BLUE: reflects 2004 BBT needs assessment priorities and evaluation results.



Reference documents:

- Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative (2005). The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care. www.eicp.ca/en/principles/default.asp
- *Building a Better Tomorrow* Atlantic Needs Assessment (2004)
- *Building a Better Tomorrow* Atlantic Evaluation Report (2006)
- Quality Improvement and Innovation Partnership (2008). Team Development Resource Guide for Family Health Teams. www.qiip.ca
- UBC College of Health Disciplines (2008). British Columbia Competency Framework for Interprofessional Collaboration. www.chd.ubc.ca/competency
- O'Neil, E.H. and the Pew Health Professions Commission (1998). Recreating health professional practice for a new century: the fourth report of the PEW Health Professions Commission. San Francisco: Pew Health Professions Commission.

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Conflict Resolution Agenda

Welcome and Introductions

The Nature of Conflict

Recognizing and Managing Triggers

Recognizing Conflict Resolution Styles

Interest Based Conflict Resolution Strategies

Wrap-Up

Conflict Resolution Learning Objectives

Upon completion of this session, participants will be able to:

- Define conflict
- Differentiate between constructive and destructive conflict
- Explain the conflict cycle
- Identify factors that have the potential to trigger conflict
- Identify strategies to respond to escalating conflict
- Describe the five most commonly used conflict resolution strategies
- Identify when it may be most appropriate to use each of the five conflict resolution approaches
- Identify the characteristics of an interest based approach to conflict resolution
- Describe how to adopt an interest based approach to resolving conflict

Looking at Culture and Conflict

Nova Scotia's *Cultural Competence Guidelines for the Delivery of Primary Health Care* refer to culture as a group or community that shares common experiences that shape the way its members understand the world. Culture is multi-layered, evolving and includes groups that we are born into or become, such as national origin, level of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion.

Our behaviour is influenced by our culture, our personality and basic human nature. Our cultural backgrounds connect to core values, beliefs and attitudes through which we interact with the world around us. Sometimes, conflict can arise when these deep-rooted cultural beliefs and values are challenged.

We must work towards cultural competence when designing and delivering healthcare services, in fostering collaborative community partnerships and in our workplaces. This requires increasing awareness of our own cultural identity and identifying our values, beliefs and attitudes.

Constructive vs. Destructive Conflict

What is conflict?

- A serious disagreement or argument
- An incompatibility between two or more opinions, principles or interests

(New Oxford American Dictionary)

The word "conflict" has a negative connotation for many people; however, if properly managed, conflict may have constructive and positive outcomes.

Reflecting on your personal experiences in the workplace complete the table below identifying the potentially positive outcomes of effectively managed conflict and the potentially negative consequences of poorly or ineffectively managed conflict.

Constructive Conflict	Destructive Conflict
Potentially positive outcomes of effectively managed conflict include: <ul style="list-style-type: none">▪▪▪▪▪▪	Potentially negative outcomes of poorly or ineffectively managed conflict include: <ul style="list-style-type: none">▪▪▪▪▪▪

The Conflict Cycle

The following represents the four stages of the Conflict Cycle

Issues	An issue emerges that results in a difference of opinion, principles or interests
Triggers	Something occurs that results in one or more parties becoming emotionally engaged
Behaviors	Conflict is recognized and conflict resolution strategies are engaged
Consequences	If appropriate strategies are used, the issue is resolved without damaging relationships

Example:

Issues	Two employees arrive for a meeting in the same meeting room – neither having reserved it
Triggers	One employee suggests that since her meeting is more important the other person should reschedule
Behaviors	After discussion they agree since both meetings are important, one meeting will be held in the larger of their offices
Consequences	Both employees agree that this incident could have been avoided by reserving the meeting room

Your Example:

Issues	
Triggers	
Behaviors	
Consequences	

What Are Your Triggers?

Triggers are typically statements, actions, gestures or behaviours that evoke an almost immediate emotional response. This emotional response reduces our ability to deal with an issue in a dispassionate way and frequently is the catalyst that causes conflict to escalate.

It is very important to recognize what your personal triggers may be, so that you can communicate to others that you are becoming engaged, and so that you can choose appropriate responses.

Often triggers are closely associated with our core values. The following is a list of common triggers. Review the list and identify the factors that could potentially trigger an emotional response from you. It may be helpful to think about a situation where you became emotionally engaged very quickly.

Ambition	Assertiveness	Authenticity	Autonomy
Boldness	Collaboration	Compassion	Confidence
Consideration	Creativity	Decisiveness	Empathy
Fairness	Flexibility	Friendliness	Hard work
Honesty	Humility	Independence	Integrity
Learning	Loyalty	Openness	Optimism
Privacy	Productivity	Reliability	Respect
Sincerity	Straightforward	Thoughtfulness	Trust

How do you typically feel when something “triggers” engages you in conflict?

If you are communicating with another person, what early warning signs may indicate to you that that something has triggered or engaged that person?

If triggers are not recognized and appropriately managed often conflict can very quickly escalate. Recognizing and addressing triggers often makes the difference between a conflict that has constructive outcomes and a conflict that has destructive outcomes.

Triggers can also arise from challenges to deep-rooted cultural values, beliefs and attitudes. We often don't recognize this, because we perceive our own culture as “the norm.” The culture of “the other”, when it differs from our own, can be seen by some as inferior, less developed, morally wrong, etc etc and can elicit strong responses, generating conflict.

Responding to Escalating Conflict

Strategies to prevent conflict from escalating include:

Active Listening: Asking questions to ensure that you have understood

- “Can you tell me more about that?”

Assertive Communication: Speaking clearly, confidently and directly

- “You seem upset, can we discuss this?”

Restating Respectfully: Restating comments that have evoked emotional responses

- “Worded that way it sounds as though you are suggesting ... would it be correct to say ...?”

For each of the following situations prepare a statement using one of these three strategies that is designed to prevent the conflict from escalating.

1. Two people are discussing a scheduling issue and one person has just said, “You always have to have your way, don’t you.”

A possible response is:

2. One person approaches another and says, “I hear you were talking about me behind my back, what’s with that?”

A possible response is:

3. At a meeting one person offers a suggestion to address a problem and another person says, “That is a ridiculous idea, it would never work.”

A possible response is:

4. One person approaches another and says, “Do you have to talk so loudly ... everyone finds it annoying.”

A possible response is:

Conflict Resolution Styles

Read each of these statements carefully and indicate how typical each statement is of your actions in a conflict situation.

Use the following scale:

5 - **very** typical, 4 - **frequently** typical, 3 - **sometimes** typical, 2 - **seldom** typical, 1 - **never** typical

- _____ 1. I walk away rather than get into an argument.
- _____ 2. I try to convince the other person that I am right.
- _____ 3. I try to please the other person.
- _____ 4. I look for some middle ground.
- _____ 5. I suggest we sit down to discuss our differences.
- _____ 6. I ignore the situation and hope it goes away.
- _____ 7. I try to outwit people who disagree with me.
- _____ 8. I try to smooth things over when there are differences of opinion.
- _____ 9. I suggest a compromise to resolve the conflict.
- _____ 10. I suggest we involve a neutral third party.
- _____ 11. I would rather give in than argue about something.
- _____ 12. I try to make the other person back down.
- _____ 13. The ruder the other person is, the nicer I am.
- _____ 14. I suggest that we both give a little to find a solution.
- _____ 15. I make an effort to understand the other person's point of view.
- _____ 16. I avoid people I am not on the same wavelength with.
- _____ 17. I try to hold my ground until the other person gives in.
- _____ 18. I try to give others the benefit of the doubt.
- _____ 19. I treat people like they treat me.
- _____ 20. I find it easy to admit that I don't have all the answers.

Score Sheet - Conflict Resolution Styles

Avoiding	Competing	Accommodating	Compromising	Collaborating
1. _____	2. _____	3. _____	4. _____	5. _____
6. _____	7. _____	8. _____	9. _____	10. _____
11. _____	12. _____	13. _____	14. _____	15. _____
16. _____	17. _____	18. _____	19. _____	20. _____
Total:	Total:	Total:	Total:	Total:

The higher the score for each conflict resolution strategy, the more frequently you tend to use that strategy. The lower the score, the less frequently you use that strategy.

Notes:

Recognizing Conflict Resolution Styles

In each of the following situations, identify which conflict resolution approach Jane is using: Avoiding, Accommodating, Competing, Compromising, or Collaborating.

Situation # 1

Mark: Jane, I have just reviewed your report and I would like to discuss your recommendations.

Jane: Is there a problem?

Mark: Well, I think you have missed the boat with a couple of them.

Jane: OK, I like to hear more. Let's set up a meeting to discuss this further.

Situation # 2

Mark: Jane, I thought you said the report would be ready today, I need it.

Jane: Sorry, I did say that, but something has come up and I won't be able to get it done. Would Monday work for you?

Mark: No, Monday is too late.

Jane: OK, let's explore other options.

Situation # 3

Mark: Jane, I need you to go to Montreal next week to that conference.

Jane: It's not really convenient for me to go to Montreal next week.

Mark: It is really going to mess up my week if you don't go.

Jane: Well OK I guess.

Situation # 4

Mark: Jane, the group you just had in the boardroom left a lot of papers and stuff on the table – it needs to be cleaned up before my meeting.

Jane: Then clean it up – I'm not your maid.

Mark: We agreed each group would clean-up after themselves

Jane: Grow Up! Can't you put a couple of pieces of paper in the garbage?

Situation # 5

Mark: We need to figure out a better way of planning our meetings – this is just not working out.

Jane: OK – let me know what you want.

Mark: Do you want to discuss this?

Jane: No, I am fine with whatever you decide.

Conflict Resolution Approaches

When in a situation of potential conflict a person can choose to adopt one of the following five approaches (Thomas and Kilmann). Each approach and the advantages and disadvantages of using it are described in the following table.

Discuss each approach and identify an example from the workplace where each strategy might be the most effective strategy to use.

Approach	When to Use It	Advantages	Disadvantages
Avoiding (Walking Away) Turtle	<ul style="list-style-type: none"> ▪ Issue is not important ▪ Very little chance for resolution 	<ul style="list-style-type: none"> ▪ Problem might go away ▪ Less stress ▪ For survival of the team 	<ul style="list-style-type: none"> ▪ Problem not resolved ▪ Problem may grow ▪ Not satisfying ▪
Accommodating (Give in, Defuse) Teddy Bear	<ul style="list-style-type: none"> ▪ Relationship more important than conflict ▪ You want to “choose your battle” 	<ul style="list-style-type: none"> ▪ Shows concern for the relationship ▪ Buys time till cooler heads prevail 	<ul style="list-style-type: none"> ▪ May not resolve problem ▪ May be perceived as passive
Competing (Convince Others) Shark	<ul style="list-style-type: none"> ▪ You are sure you are right ▪ Time is an issue 	<ul style="list-style-type: none"> ▪ Gets the issue resolved ▪ Can save time ▪ “Winners” feel good 	<ul style="list-style-type: none"> ▪ May create losers ▪ Encourages polarization ▪ Creates a political structure
Compromising (Finding Middle Ground) Fox	<ul style="list-style-type: none"> ▪ Issue is important but not worth disrupting team dynamic ▪ Conflicts outside of the team 	<ul style="list-style-type: none"> ▪ Demonstrates concern for others’ needs ▪ Both parties get something ▪ Issue gets settled 	<ul style="list-style-type: none"> ▪ Solution is “watered down” ▪ Both sides lose ▪ Initial offers may lead to distrust
Collaborating (Win-Win Problem Solving) Owl	<ul style="list-style-type: none"> ▪ Important issue ▪ Need for creative problem solving ▪ Opportunity to build the team 	<ul style="list-style-type: none"> ▪ Builds respect ▪ Shows concern for both task and relationships ▪ Encourages higher quality decision making ▪ Reduces fear of conflict 	<ul style="list-style-type: none"> ▪ Time consuming ▪ It is essential that both parties are have adequate communication and interpersonal skills ▪ Both parties must be willing

An Interest Based Approach to Resolving Conflict

A typical process:

- Each person identifies their needs/interests
- The parties identify their shared interest
- Options for addressing this shared interest are considered
- An agreement is reached about the best option to meet this shared interest

Example:

Background Information

As the result of a one-time special funding arrangement a summer student with nursing background can be hired to support a collaborative practice. The manager of the collaborative practice and one of the physicians have a difference of opinion as to the job responsibilities of this student.

The manager of the practice identifies that she would like the student to spend the summer on a file clean-up project. This is a major project that even with a dedicated effort may not be able to be accomplished in the time available.

The physician identifies that she would like the student to gather or develop take home materials for clients of the clinic. These materials could also be posted on the clinic's website.

The Discussion

- What are the goals of the clinic? (from a previous strategic planning exercise)
 - To provide high quality primary health care services
 - To increase the health and well-being of its clients
 - To provide access to primary care in a timely way
- Given a new resource with a nursing background, what activities could contribute to meeting these goals?
 - Developing or identifying materials for the website
 - Developing or identifying materials for patients
 - Contacting patients who have not visited the physician in the previous 24 months
 - Developing a process to minimize missed appointments

Outcome

- It was agreed that while file clean-up project was important there were other tasks (including some that had not previously been thought of) that were more closely aligned with the goals of the clinic

Appendix A: Cultural Competence - Essential to Building a Better Tomorrow Together

Cultural Competence refers to the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all the people we serve. Culture...refers to a group or community that share common experiences that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become such as; national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion. People have multiple cultures.¹

So begins the *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*, first endorsed by the Nova Scotia Department of Health in 2006. These guidelines originated as a response to identified needs and barriers of identified through consultation with Nova Scotia's diverse minority communities. The guidelines provide us with clear direction for enabling culturally competent care. They also serve to remind us that healthcare providers, health promotion staff, health systems and health organizations are accountable for the delivery of such care.

The complete list of *Guidelines* include:

1. Nova Scotia DHAs, CHBs, the IWK and primary health care organizations should ensure that their staff provide to Nova Scotia patients/consumers, primary health care that is respectfully delivered and responsive to cultural health beliefs, practices, lived experiences and linguistic differences in Nova Scotia.
2. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively with culturally diverse populations, including but not limited to: First Nations, African Canadians, Acadians, Francophones and Immigrant Communities, to design targeted, accessible and effective health initiatives in all aspects of primary health care.
3. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, IWK and academic institutions should collaborate to devise and implement strategies for the recruitment, retention and promotion of diverse health staff, providers and leaders at all levels.
4. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK, primary health care organizations and health related, academic institutions should make cultural competence training available on an ongoing basis to all primary

¹ Province of Nova Scotia (2008). *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*

health care students, staff and providers at all levels and across all disciplines, and facilitate the development of cultural competence across the primary health care system.

5. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, the IWK and primary health care organizations should offer and provide services in Canada's official languages with the phased in recruitment of French speaking, bilingual staff and the use of cultural health interpreters.

6. Nova Scotia DHAs, the IWK and primary health care organizations should offer and provide cultural health interpretation services in languages provided by Nova Scotia's Community Health Information and Interpreting Service for any primary health care patient/consumer with English or French as a second language at no cost to the patient/consumer.

7. Nova Scotia DHAs, the IWK and primary health care organizations should provide written notice of the availability of cultural health interpretation services in all of the languages provided by Nova Scotia's Community Health Information and Interpreting Service and when possible, cultural health interpretation in the Mi'kmaq language.

8. Nova Scotia DHAs, the IWK and primary health care organizations should ensure that patient/consumer family and friends not be used to provide interpretation services except at the direct request of the patient/consumer.

9. Nova Scotia DHAs, the IWK and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.

10. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK and primary health care organizations should ensure that their vision, mission, strategic plans, job performance expectations and accreditation processes incorporate accountability for cultural competence and culturally appropriate services at the highest level of the organization.

11. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively and independently to develop public information and communication plans to explain the importance of race, ethnic and linguistic identifiers in epidemiological and health utilization data for the purposes of effective planning, program delivery and the development of a culturally competent, primary health care system.

12. DHAs, CHBs, the IWK and primary health care organizations should maintain up-to-date demographic, cultural and epidemiological profiles of their communities in order to effectively plan and provide services that respond to the racial, ethnic, cultural, spiritual and linguistic needs of the populations they serve.

13. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and updated through the MSI database, and other data collected by organizations incorporates, with patient/consumer agreement, information that specifies race, ethnicity and language of patients/consumers without individual patient identification.

14. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and research resulting from the data, facilitate best practice in culturally competent care, movement toward the elimination of health disparities among populations, and the improvement of health status of those populations most at risk for poor health.

15. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK, provincial programs and primary health care organizations should inform, increase and facilitate culturally appropriate screening among Nova Scotia's culturally diverse populations for chronic diseases including but not limited to; diabetes, cancers, cardiovascular disease, hypertension and sickle cell anemia.

Attention to cultural competence is essential for reducing health disparities, addressing inequitable access to care and respectfully responding to the diversity of Nova Scotians. We must thus integrate cultural competence considerations when designing and delivering health and health promotion services, working collaboratively with diverse populations.

But we must also strive for cultural competence by building inclusion and respect for diversity in the workplace. Diversity has been identified as one of five core values within *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants* (2009). This code supports creating work environments that are free of discrimination and where differences are valued and respected. Attention to diversity will enable our workplaces to be more representative of Nova Scotian society. It will also help us to ensure that the healthcare services promoted and delivered to Nova Scotians are themselves more culturally competent.

Considering diversity and inclusion in the workplace begins with you—understanding your own culture, your biases and beliefs, and continuing to learn about the culture of diverse Nova Scotians with whom you work. It means understanding and incorporating difference in your daily work. It means creating and fostering inclusive work environments for all staff during meetings and planning sessions. It means building relationships for appropriate and respectful community consultations and partnerships. It means paying explicit attention to culture, gender and diversity when planning, implementing and evaluating health and health promotion programs and services. Building a better tomorrow for all Nova Scotians means truly believing that “diversity fuels ideas and that ideas fuel progress.”²

² Province of Nova Scotia (2009). *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants*.

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Building a Better Tomorrow Together Evaluation Questionnaire

Module Title: _____

Training Location: _____ **Date:** _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. This module addressed my learning needs in this area.	1	2	3	4	5
2. The information which was provided was applicable to my practice/work.	1	2	3	4	5
3. My participation in this module has enhanced my knowledge and skills in this area.	1	2	3	4	5
4. My participation in this module will influence my practice/work in the future.	1	2	3	4	5
5. The facilitator was knowledgeable of the subject matter being presented.	1	2	3	4	5
6. The facilitator presented the information in a clear and concise manner.	1	2	3	4	5
7. The facilitator was enthusiastic and responsive to participant's learning needs.	1	2	3	4	5
8. There was opportunity to interact with other participants.	1	2	3	4	5
9. There was opportunity to interact with the facilitator.	1	2	3	4	5
10. The facilities were comfortable and conducive for learning.	1	2	3	4	5
11. The module was well organized.	1	2	3	4	5
12. I would recommend this module to others.	1	2	3	4	5

13. What did you like about this module?

14. What changes or improvements could be made?

15. What aspects of your practice/work do you intend to change as a result of participating in this module?

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Notes

Notes