GUEST EDITORIAL

Conflict resolution techniques applied to interprofessional collaborative practice

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INTRODUCTION

Hochschild (1983) described the term “emotional labor” as handling of feelings “in order to sustain the outward countenance that produces in others the sense of being cared for in a convivial and safe place”. “Emotional dissonance” or “surface acting” (Hochschild 1983) has been defined as to display positive (or negative) emotions that “do not correspond to what is felt in the situation” (Zapf & Holz 2006; Wharton 2009), and “inauthenticity” has been understood as a disjuncture between who one is expected to be at work and the person’s real self (Bulan et al. 1997; Erickson & Ritter 2001; Wharton 2009). Both of them tend to produce negative psychological effects like burn out (Van Dijk & Brown 2006).

Although the concept of “emotion work” has been employed to help illuminate doctor–nurse relations (Miller et al. 2008; Wharton 2009), we still have a poor understanding of its broader effects across different interprofessional settings. The main difficulty resides in the implicit assumption that self-emotions can be not only managed, but also promoted in order to influence other’s emotions – a process which has been termed “emotional contagion” (Pugh 2001). However, handling self-emotions and promoting emotions in others are both extremely difficult processes to successfulness.

In this editorial, I give some highlights of the contents of a Conflict Prevention Program we offered at a Spanish Private Hospital, applying the Business Conflict Resolution model from the Program of Negotiation (PON) based at the Harvard Law School (Fisher & Shapiro 2005) to healthcare workers involved in interprofessional work. Our goal is to train individuals on how to produce positive emotions on daily one-to-one professional and interprofessional interactions.

EMOTIONS ARE PART OF LIFE

No matter how hard we try to ignore, avoid or fight against them, emotions are always part of us and of our interaction with people around us. Since direct handling of emotions is very difficult, sometimes impossible, it is strongly recommended to concentrate on the cause and origin of the emotions: personal interests. Fisher & Shapiro (2005) summarized more than 200 potential interests described, and divided them into five basic core interests or concerns: find value in what others think, say, feel or do; turning an enemy into a colleague; respect autonomy; acknowledge status and choose a fulfilling role. We will see some highlights of them.

To find value

It is probably the best starting point on how to prevent a conflict. In order to find value, we need to listen first. We tend to think that listening is simple, and that all of us know how to do it. We are wrong. Listening is a very difficult activity that requires much more than intact neurosensory pathways. Listening implies first of all external silence. It implies, in addition, skills in non-verbal communication. Moreover, a good listener is always a good question maker. Good open questions, as opposed to close questions inviting to yes–no answers, show interest and promote expression and trust.

Second, after listening actively, we need to find value in whatever that person thinks or does. We need to understand his position, their point of view and, therefore, their feelings. This activity demands mental flexibility and self-confidence to consider as valuable, points of view...
different to ours. If we do not find any value on that, we will completely fail to show empathy. And to find value is compatible with disagreeing.

Finally, to value is a verb and, therefore, we must express and let the other person understand that we value their ideas or actions. To value is one of the strongest tools we have to promote empathic relations. However, it is important to be honest and sincere in the process, otherwise we are very likely to fall into manipulative practices and to harvest total distrust, the worst of the scenarios.

In addition, we can reverse the value tool: as important as to find value in others, we must be able to let others find value in what we think, say, feel or do. In that way, we will manage to make them understand what is really important for us, and to find together a solution that addresses our most important concerns.

**COLLABORATIVE ATTITUDE TOWARD CHANGE**

Any change, any request for help, or any indication or correction, is a potential conflict. And the key for conflict generation is in the individuals, more than in the objective situation. Why do some younger doctors smoothly accept nurses’ corrections whereas others get into panic mode? It basically depends on his psychological self-confidence structure, more than in the correction itself. That is why interprofessional teamwork is as much about people management as about structure building.

Again, any change can be interpreted as a threat (Marcus et al. 1995). When that happens, we develop “position dynamics”, meaning that the goal of each team member is to avoid change since change is seen as a threat and, therefore, an enemy. An interprofessional team working in these position dynamics might survive for a while within an environment that is supportive and rich in resources. However, when a healthcare system is immersed in a deep financial crisis, change is often not a possibility – it is a necessity and an urgent one. This is something very well understood by hospital managers, but rarely accepted by healthcare professionals. Often the end result can be a struggle between professionals, especially doctors and nurses, to stop change on one side, and hospitals managers to force it on the other. This is at the heart of the motto used in some NHS campaigns: “efficiency without quality is unthinkable, quality without efficiency is unsustainable” (NHS Highland 2010).

Creating a collaborative interprofessional environment is, in the end, the same as injecting trust. Trust implies that positive emotions are in place. The PON group proposes to inject positive emotions into the interprofessional team, before poor relations and interactions dominate, as once trust is lost it is very difficult to regain.

How do we inject those positive interprofessional emotions? Taking the initiative and proving other team members that we are going to respect and, even more, to promote their most basic interests: to be valued, to be listened to, to be respected on their autonomy and decision making, recognized on their status and role. Once we manage to openly show that we are going to take care of all those basic interest, suddenly the whole environment changes: people feel relaxed, open to new proposals, ready to collaborate, to accept new responsibilities, to consider changing their point of view and to take a more active role in finding new solutions to the problems faced by the interprofessional team.

One can argue that when team members feel safe, they are ready to take risks (Fisher & Shapiro 2005). Spreading positive emotion may rescue somebody from a fixed trench-like struggle of positions avoiding change due to fear, bringing him into a new scenario based on interests-based negotiation, where everybody tries to give answer to their own interest first, to other team members’ interests and, of course, to the institution or hospital interests. This new collaborative environment offers the richest arena to discover new solutions to new problems. When a hospital manager enforces difficult changes on the healthcare professionals without a positive approach, they are likely to encounter resistance and even confrontation. Such a response is normal. I would, therefore, suggest that the way forward is to show everybody that what he is trying to do is necessary and good for the system and for everybody involved in the system. In other words, the process is as important as the people involved on it.

Arguably, healthcare professionals are ready to take working and financial sacrifices, even big ones, if they understand why that is happening and how they fit into the equation. Otherwise, trust will be lost and opposition will arise. To prevent this occurring, there are a number of steps which could be taken – identify individuals’ basic interests, take care of them, and the positive emotions born will create the right attitude toward interprofessional collaborative practice, even in front of substantive changes.

**CONCLUDING COMMENTS**

Emotions are an essential part of interprofessional work, especially when facing changes related to health system reforms. The use of negotiation tools from the Program on Negotiation (Fisher & Shapiro 2005) might help individuals to promote positive feelings, to focus on interests rather than on positions and to generate a safe environment where collaborative practices might grow naturally.

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**Declaration of interest**

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**REFERENCES**


