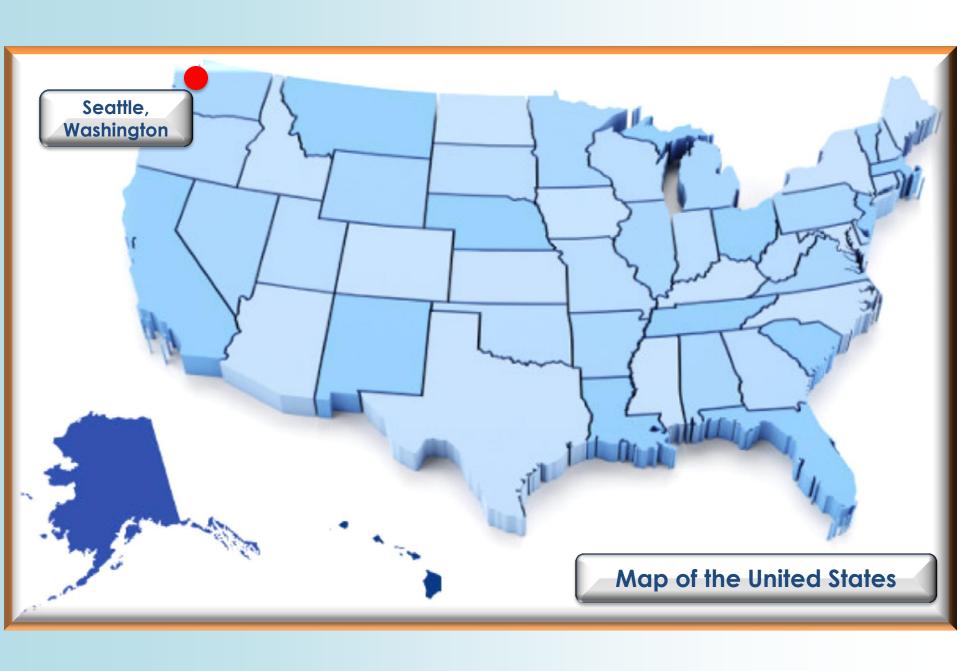
#### From Conflict to Curiosity – A Framework for Promoting Interprofessional Collaboration

#### Inselspital, Universitätsspital Bern

March 4, 2016

Sara Kim, PhD, Research Professor, Surgery
Associate Dean for Educational Quality Improvement
School of Medicine, University of Washington
Seattle, Washington, United States







#### Overview of Today's Talk

Why?
- Context of Healthcare Conflicts

2

What?

ConflictNarratives from93 HealthcareProviders

3

How?

Towards a Culture of Safety

#### Overview of Today's Talk





#### COLLABORATION



#### CONFLICT

#### COLLABORATION

#### Process of Positively Communicating and Coordinating Patient Care Tasks Among Interprofessional Providers

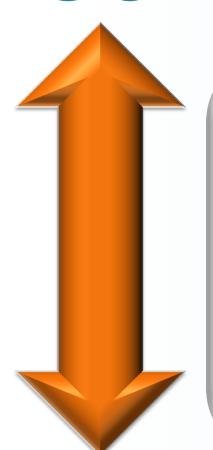
(Nugus, Greenfield, Travaglia, Westbrook, Braithwaite, How and Where Clinicians Exercise Power: Interprofessional Relations in Health Care. Social Sciences & Medicine 71 (2010), 898-909)

# "the perception by the parties involved of differences, discrepancies and incompatible wishes"

Boulding, K.E. (1963) Conflict and defense: A general theory. New York, NY: Harper & Row

#### CONFLICT

#### COLLABORATION

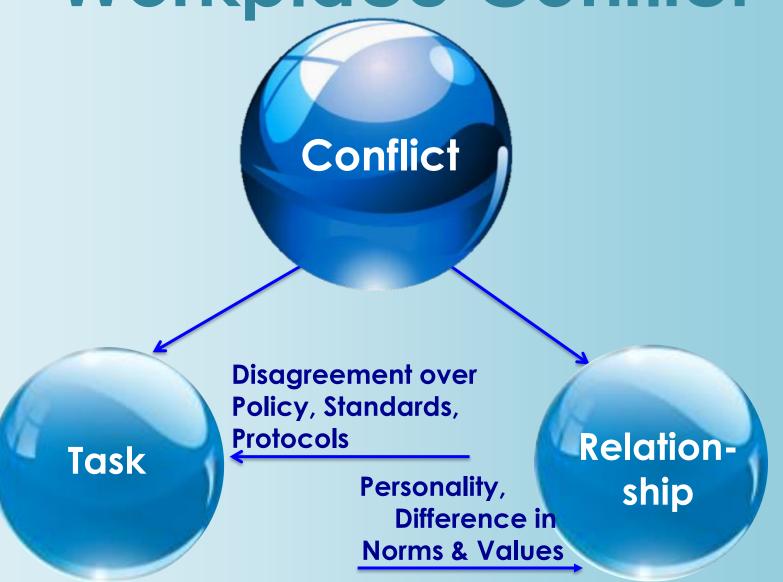


- Promote Critical Thinking
- Seek Common Ground
- Strengthen Trust
- Improve Teamwork

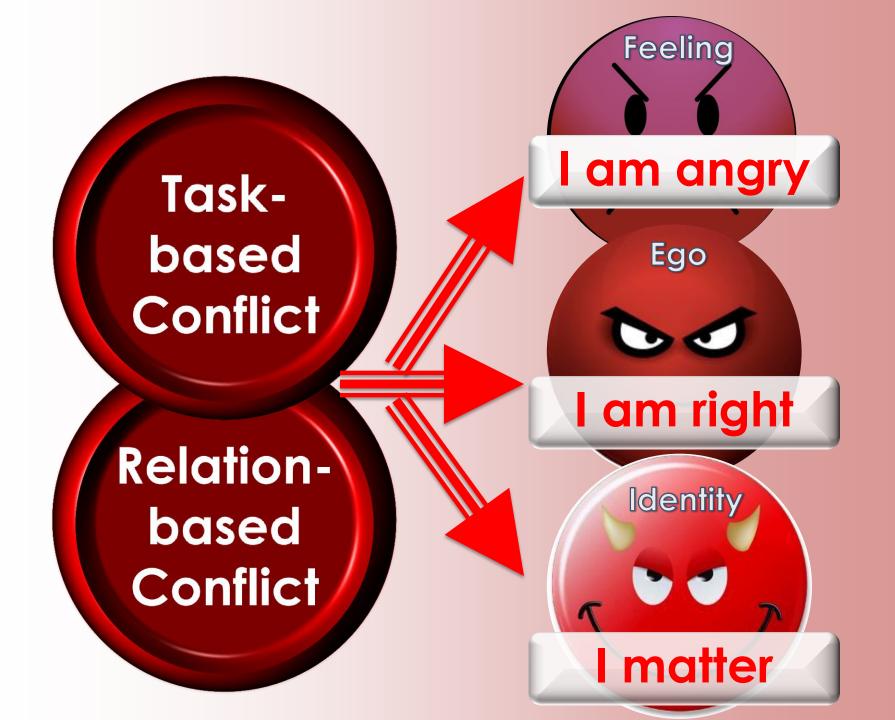
#### CONFLICT

Unrecognized, Unaddressed and Unresolved Conflict Affects Individual Morale, Team Cohesion, and Culture of Safety. Ultimately, It Can Harm Patients...

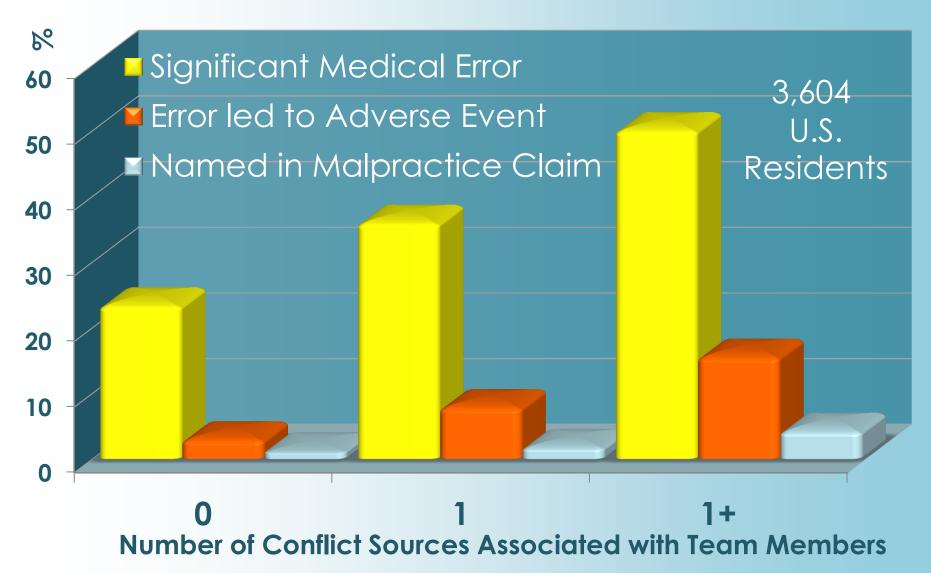
Workplace Conflict



de Wit FC, Greer LL, Jehn KA. The paradox of intragroup conflict: A metaanalysis. Journal of Applied Psychology. 2012: 97(2), 360-390.

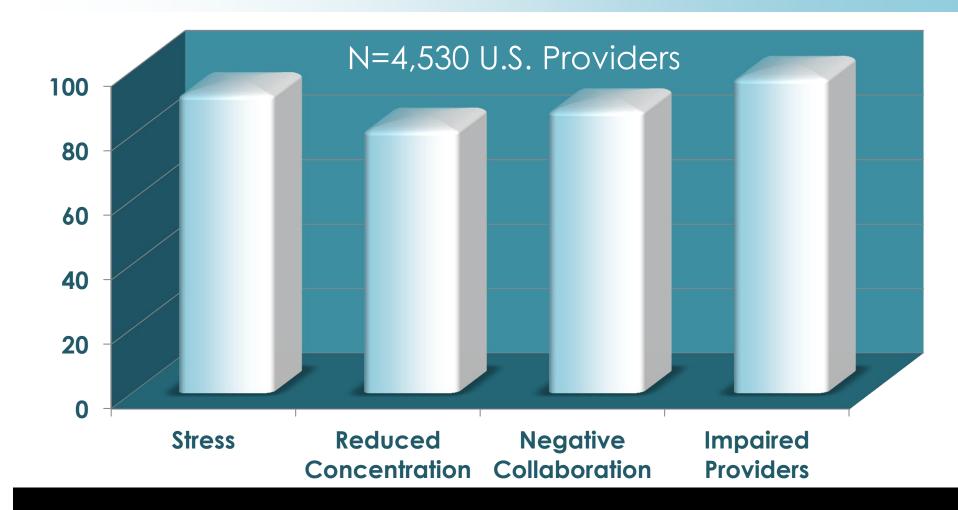


#### **Conflict In Healthcare**



Baldwin DC Jr, Daugherty SR. Interprofessional conflict and medical errors: results of a national multispecialty survey of hospital residents in the US. J Interprof Care. 2008 Dec;22(6):573-86.

#### Impact of Disruptive Behaviors



Rosenstein AH, O'Daniel M. A survey of the impact of disruptive behaviors and communication on patient safety. Jt Comm J Qual Patient Saf. 2008 Aug;34(8):464-71.

#### The Joint Commission: Behaviors that Undermine a Culture of Safety

Sentinel Event Alert; Issue 40, July 9, 2008

#### **Overt Behaviors**

- Verbal Outbursts
- Physical Threats

#### **Covert Behaviors**

- Refusal to Perform Tasks
- Uncooperative Behaviors

#### Intimidating Leadership Behaviors

- Refusal to Answer
   Questions, Calls/Page
- Impatience with Questions
- Condescending Language, Voice Intonation

#### The Joint Commission: Behaviors that Undermine a Culture of Safety

Sentinel Event Alert; Issue 40, July 9, 2008

"Individual care providers who exhibit characteristics such as selfcenteredness, immaturity, or defensiveness can be more prone to unprofessional behavior. They can lack interpersonal, coping or conflict management skills."

### The American Nurses Association Position Paper, July, 2015



AMERICAN NURSES ASSOCIATION POSITION STATEMENT ON

#### INCIVILITY, BULLYING, AND WORKPLACE VIOLENCE

**Effective Date:** July 22, 2015

**Status:** New Position Statement

Written By: Professional Issues Panel on Incivility, Bullying, and

Workplace Violence

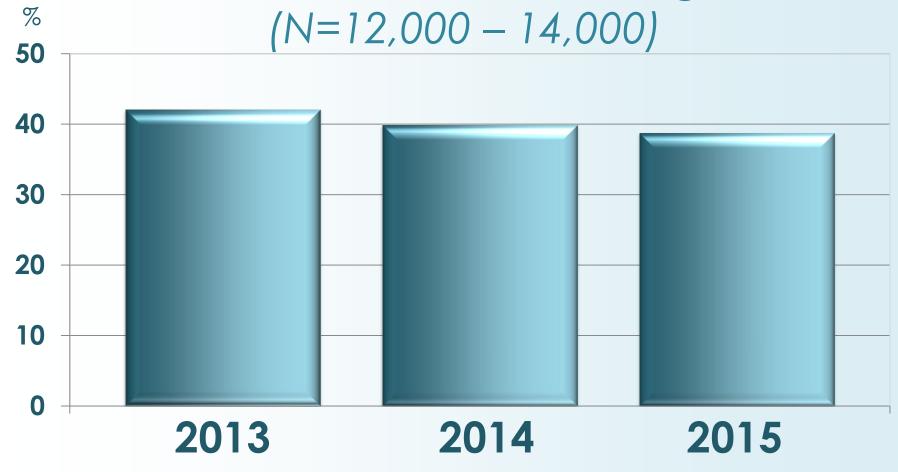
**Adopted By:** ANA Board of Directors

### The American Nurses Association Position Paper, July, 2015

indivility taleas the form of rude and All of those are an affront to the dignity of a coworker and violate professional standards of respect. aisiress in in

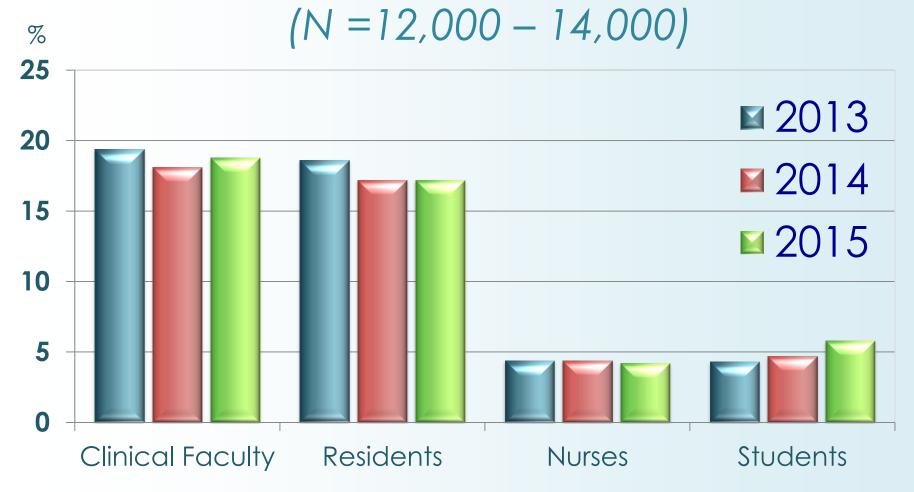
#### Medical Student Graduation Questionnaire Association of American Medical Colleges

### Have You Ever Been Mistreated During Medical School Training?



#### Medical Student Graduation Questionnaire Association of American Medical Colleges

#### Who Mistreated You During Training?



#### Overview of Today's Talk



2

#### What?

ConflictNarratives from93 HealthcareProviders

3

#### How?

Towards a Culture of Safety

# When Focusing on the Patient is Complicated: Conflict Narratives from the Healthcare Frontline

(Conflict Resolution Quarter, March, 2016)

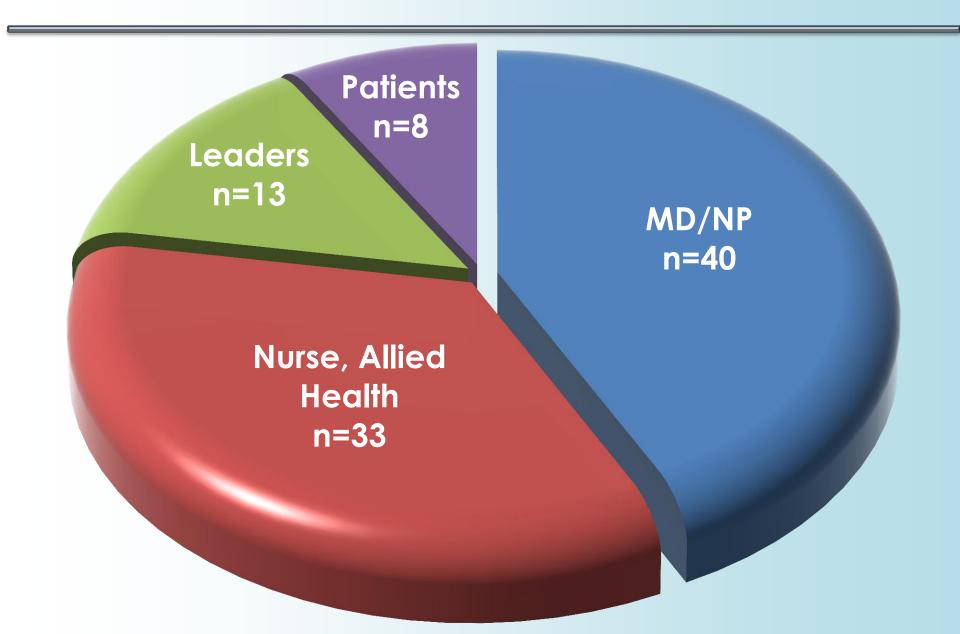
Funded by UW Medicine Patient Safety Innovation Programs (PSIP)

# When Focusing on the Patient is Complicated: Conflict Narratives from the Healthcare Frontline

(Conflict Resolution Quarter, March, 2016)

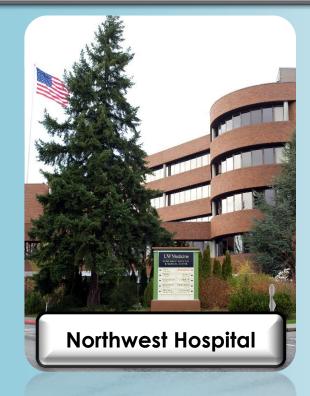
**Study Purpose:** What are the main sources of healthcare conflict that arise during patient care?

#### 93 Providers = 156 Stories



# Participating Hospitals in Seattle







#### Interview Questions

1

What type of conflict have you recently experienced and who was involved?

2

What contributed to the initial conflict?

3

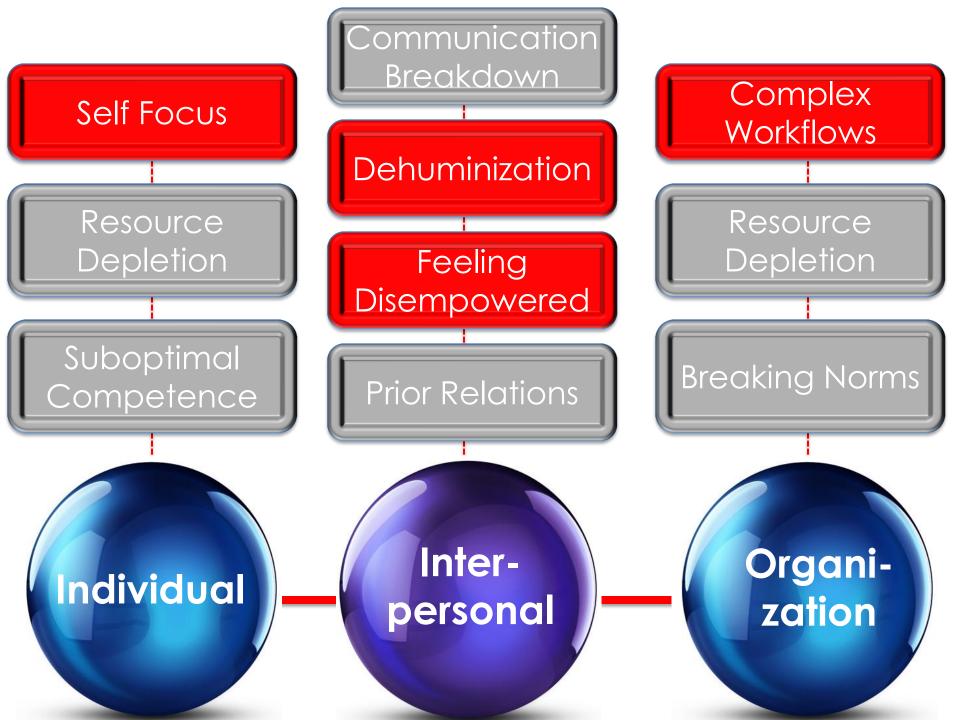
What work patterns affected healthcare team?

4

How did or did not the conflict resolve?

### Framework of Sources of Healthcare Conflict





#### SELF FOCUS

**Definition**: Tensions between self-concern vs. other-orientation. It involves an individual choosing to look out for one's own best interests over others' interests.

"A surgical service jumps the queue by Insisting that its patient takes priority over others. The rationale for trumping the case is not always grounded in the high-acuity nature of their patient. It is perceived that this card is used over and over again by certain medical teams and at some point it feels manipulative."

(Hospital Leader)

#### Dehumanization

**Definition**: Individuals perceive a person as lacking humanness, such as ignoring a person's individuality, and preventing others from showing compassion toward stigmatized individuals.

"A new nurse was taking care of me. A nurse supervisor walked in and criticized the nurse about what she was doing. Right in front of my family! We were so uncomfortable about the supervisor's disrespectful manner. The new nurse looked horrified." (Patient)

#### Feeling Disempowered

**Definition**: Acceptance and expectations by less powerful members that power is distributed unequally. Conflicts are triggered along the power gradient.

"I disagreed with a senior MD attending over a patient care plan. The senior attending made accusatory remarks and refused to make eye contact with me for a week. I decided not to confront him out of fear that the conflict may impact my academic career. The fear continued for a while." (Physician)

#### Complex Workflows

**Definition**: Organizational structure including specialization of teams, tasks, hierarchies, objectives, procedures and resources.

"Over the night on the pain service, residents are not able to provide the care needed due to the high volume of calls they receive. The team is then there the next day and everyone is upset because they feel they had poor service overnight, which predisposes the conversation to go poorly. Both the patient and the staff are upset with the team." (Nurse)

#### Consequences of Conflict

#### **Patients**

- Safety
- Satisfaction

#### **Employees**

- Career
- Relationship
- Morale/Satisfaction
- Performance
- Turnover

#### Overview of Today's Talk



What? Conflict Narratives from 93 Healthcare Providers

How? Towards a Culture of Safety

#### Organizational Initiatives

- Formal policies that specify the professional code of conduct?
- Consequences for unprofessional conducts in your organization?
- Established competencies for your leaders in communication, feedback giving/receiving skills, and management of conflict dynamics?

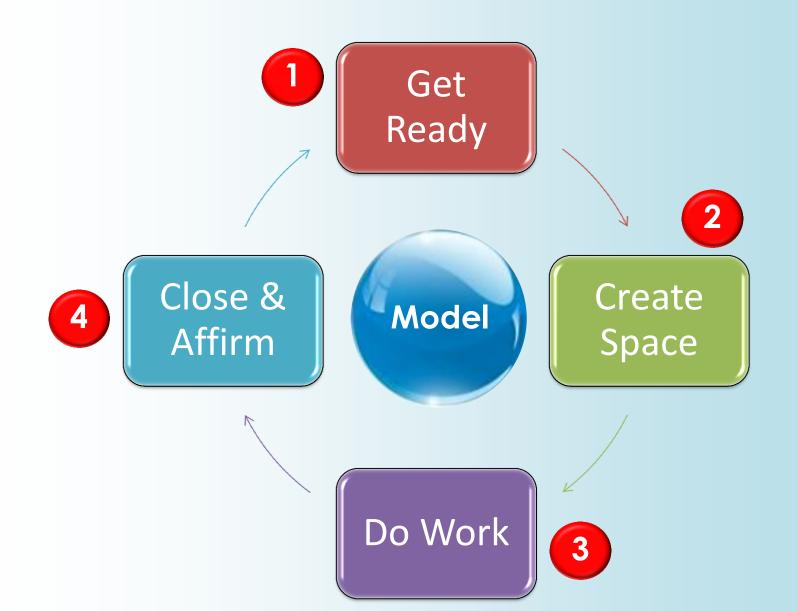
Scott C, Gerardi D. A strategic approach for managing conflict in hospitals: responding to the Joint Commission leadership standard, Part 1, 2. Jt Comm J Qual Patient Saf. 2011 Feb;37(2):59-80.

#### Organizational Initiatives

Entrenched Conflict at Workplaces: Promoting Patient Safety Using an Experiential Training Model

UW Medicine Patient Safety Innovations Program (PSIP)

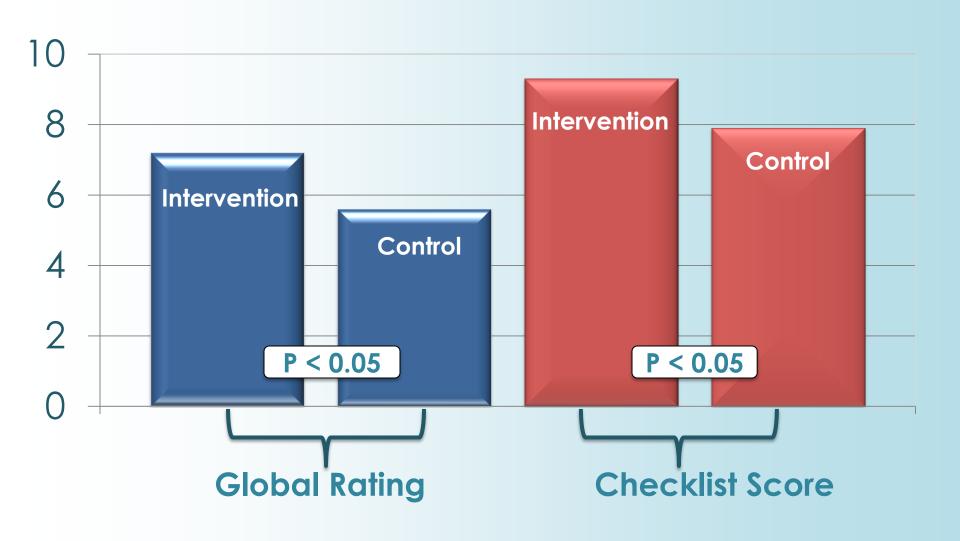
#### Conflict Dialogue Training



#### Conflict Dialogue Training



#### Pilot Data of Performance Comparison: Intervention (n=30) vs. Control (n=30)





## Dankes



Sara Kim sarakim@ uw.edu

UW Medicine school of Medicine