



## Conflict Costs: A New Approach to Avoidance



Conflict is inevitable in any activity and can entail massive costs. It results in lost productivity and collaboration, and in healthcare, it results in worsened patient outcomes.

A report, entitled "Understanding the Cost of Conflict and an Approach to Conflict-Management Design" and published in *Journal of the American College of Radiology*, discusses the mostly hidden costs of conflict as well as a comprehensive conflict-management system.

"Many institutions have some type of ad hoc solution in place, but these are often inadequate, especially because physicians, as a group, prefer avoidance," the authors Suresh Maximin, MD, Mariam Moshiri, MD, and Puneet Bhargava, MD, all from the Department of Radiology, University of Washington School of Medicine write in the journal report. "Any approach to proper conflict management should include a spectrum of methods for management and ongoing training of all individuals in the proper use of the system."

### Costs of Conflict

More than simple disagreement, features of conflict include intense negative feelings, poor communication, and active efforts to hinder the other side. Although not always apparent, the cost of conflict within organisations can be massive.

Hidden costs include lost productivity from job dissatisfaction and stress, employee or faculty turnover, and time spent on conflict management. One study found that in 2008 in the United States, workers spent 2.8 hours per week dealing with conflict-related issues, which translated to a \$359 billion loss.

Additional hidden costs are the lost collaboration due to failed relationships, weakened organisational effectiveness due to inadequate conflict management, and an increase in patient-care errors.

### Beyond Conflict Resolution: An Approach to Conflict-Management Design

Setting up a comprehensive conflict-management system is a relatively demanding process that is probably best undertaken with expert consultation. The first step is an initial assessment of current conflict-management styles and systems already in place, as well as measurement and analysis of the types, patterns, and amounts of conflict.

Establishing a process is the next step, which could include typical components centred on interest-based

methods, with a stepwise progression from informal to formal options, ranging from face-to-face meetings to internal or externally mediated meetings. If these are unsuccessful, then a rights-based process such as arbitration would be the next option.

While a system is being designed, training should commence. Members should be trained to be aware of their default conflict-management styles and taught the contingent approach: Different situations will require different styles of management.

Eliminating all conflict is no longer thought to be ideal for maximal organisational performance. Although relationship-based conflict (*I really dislike that arrogant guy*) and process conflict around everyday tasks (*Why do I always get stuck doing tumour board?*) should be minimised, studies have demonstrated that cognitive conflict in nonroutine tasks (*Should we really open a new imaging centre in the current healthcare environment?*) should be at a moderate level to enhance decision-making. Additionally, increased cognitive conflict improves patient outcomes and raises members' trust in the organization, as it increases the mutual perception of integrity.

Organisational culture also needs to change appropriately. The key lies with leaders, who must model appropriate skills and behaviour to be mirrored by the rest of the staff. Leaders should discourage conflict avoidance, understand that not all conflict is detrimental, and encourage cognitive conflict, which increases performance. No conflict-management system will be effective without including these critical cultural changes.

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