

Understanding Conflict Resolution within Interprofessional Collaborative Teams



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Introduction



- Conflict within interprofessional collaborative healthcare teams has been linked to many detrimental consequences:
 - A decrease in overall team performance
 - A reduction in job satisfaction
 - A decrease in organizational growth and productivity (De Dreu & Weingart, 2003; Fargoeson & Haddock, 1992).
- Unresolved conflict has also been shown to...
 - Escalate into destructive social, personal, and professional behavior (Stuart & Sundeen, 1995).
 - Cause serious injury and death to patients (Dugan et al., 1996).

Recognized Importance of Conflict Resolution

- National frameworks have identified conflict resolution as an important component of collaborative practice.



- Team training programs have included conflict resolution as a necessary tool to enhance performance and patient safety.



What do we know about conflict in healthcare?



Most research focuses on...

- **Causes of conflict**
 - High levels of stress
 - Role confusion
 - Hierarchical organizational structures
- **Types of conflict**
 - Task conflict vs. Relational conflict
 - Role conflict vs. Goal conflict
- **Conflict Strategies or Behaviors**
 - Compromising
 - Competing
 - Avoiding
 - Collaborating
 - Accommodating



Some research focuses on...

- Components that influence ability to resolve conflict
- Research literature has identified three central components:
 - Communication Competence
 - Problem-Solving Ability
 - Education and Training



Theoretical Framework



- This study was guided by Bandura's Theory of Self-efficacy:
 - According to Bandura (1994), perceptions influence choice of activity, task perseverance, level of effort expended, and ultimately the degree of success achieved.
 - In addition, self-efficacy has been identified as a strong predictor of ability.

Statement of the Problem

While causes and types of conflict and their resolution have been studied, there is limited research that focuses on the impact of healthcare professionals' perception of their communication and problem-solving skills and their ability to resolve conflicts across varying perspectives.



Purpose of the Study

The purpose of this study was to investigate the impact of communication competence, problem-solving ability, and conflict resolution education and training on healthcare professionals' perceived ability to resolve conflicts.



Methodology



Design

- This study employed a cross-sectional survey design.



Research Questions



1. To what extent do healthcare professionals report self-efficacy in resolving conflicts within collaborative healthcare teams?
2. To what extent do healthcare professionals report their communication competence, problem-solving ability, and adequacy of conflict resolution education and training?

Research Questions



3. Is there a statistically significant relationship between communication competence, problem-solving ability, and/or conflict resolution education and training, and healthcare professionals' self-efficacy in resolving conflicts within collaborative healthcare teams?
4. Can healthcare professionals' self-efficacy in resolving conflicts within collaborative healthcare teams be predicted by communication competence, problem-solving ability, and/or conflict resolution education and training?

Instrument

- A 36-item questionnaire was developed consisting of five sections:
 - Demographics
 - Communication Competence Scale
 - (Rubin & Martin, 1994)
 - Problem-Solving Skills Scale
 - (Heppner & Peterson, 1982)
 - Education and Training
 - (3 independent items)
 - Team Conflict Self-efficacy Subscale
 - (Stone & Bailey, 2007)

Instrumentation

	Non-Variables	Independent Variables	Dependent Variable	Instrument
Section 1	Demographics			
Section 2		Communication Competence		Communication Competence Scale (ICCS-SF)
Section 3		Problem-Solving Ability		Problem Solving Skills Scale (PSI-PSS)
Section 4		Conflict Resolution Education and Training		Three Independent Items
Section 5			Healthcare Professionals' Self-Efficacy in Resolving Team Conflict	Team Self-Assessment Questionnaire (TSAQ)

Sample



- The sampling frame consisted of registrants to the Collaborating Across Borders IV (CAB IV) conference held June 12-14, 2013 in Vancouver, British Columbia, Canada
- Two nonprobability sampling methods were used:
 - (a) quota sampling
 - (b) convenience sampling
- The inclusion criterion was:
 - (a) licensed healthcare professional
 - (b) experience working within an interprofessional collaborative healthcare team

Data Analysis

- Descriptive statistics were used to analyze research question 1 and research question 2.
- Correlational analyses were conducted to answer research question 3.
- A multiple regression analysis was conducted to answer research question 4.



Results/Findings



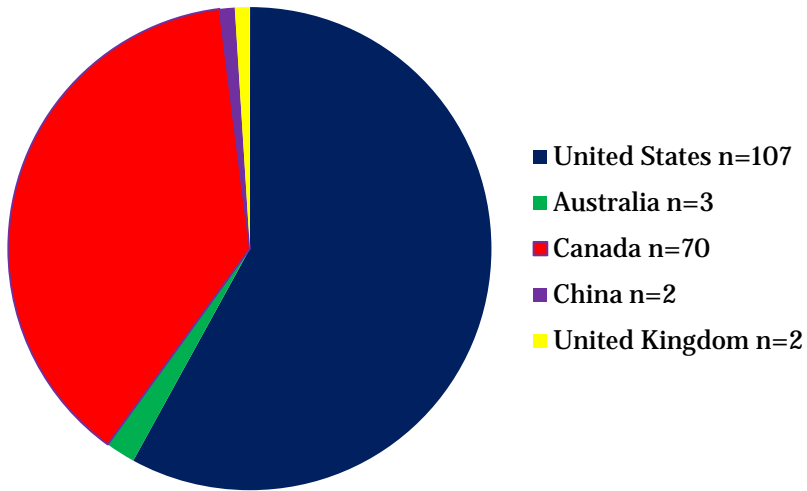
Response Rate

- Seven hundred questionnaires were distributed.
- 206 were returned, indicating a response rate of 29%.
- After the data set was cleaned for inaccurate and incomplete results, a total of 182 responses were included in the final analysis.

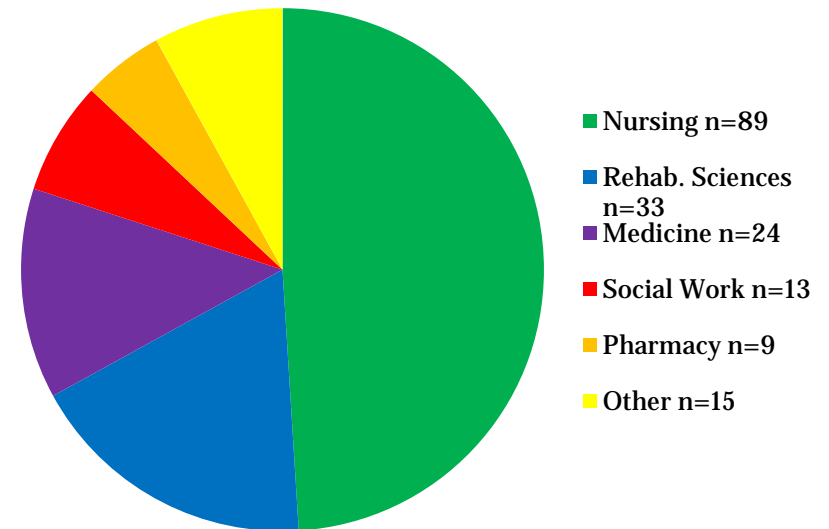


Demographics

By Geographic Location

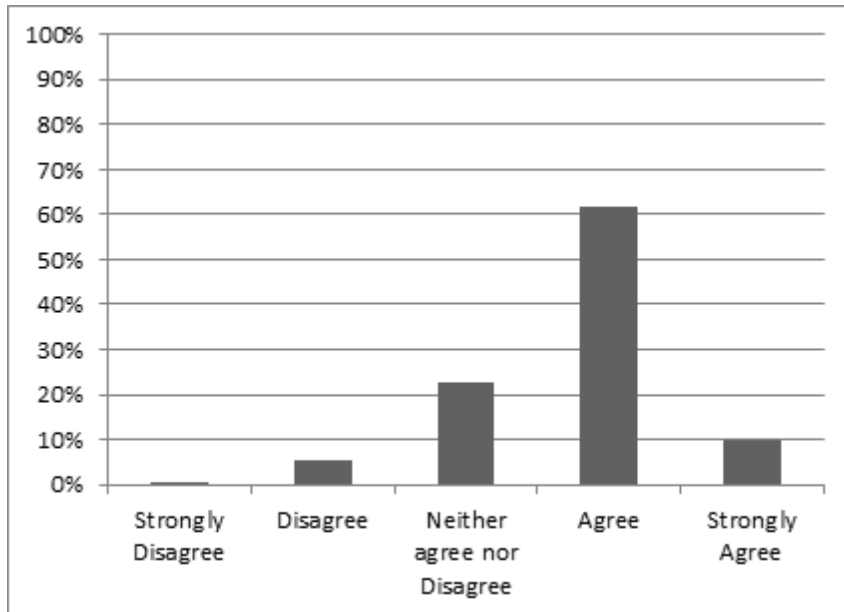


By Profession



RQ # 1.

To what extent do healthcare professionals report self-efficacy in resolving conflicts within collaborative healthcare teams?

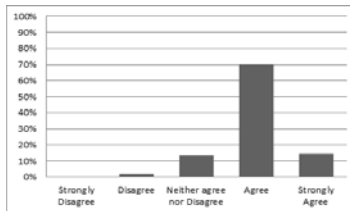


- Scores on the Team Conflict Self-efficacy Subscale resulted in following measure of central tendency
- $M=3.66$, $SD=.52$
- Likert scale as follows:
 - 1=strongly Disagree
 - 2=disagree
 - 3=neither agree nor disagree
 - 4=agree
 - 5=strongly agree

RQ 2.

To what extent do healthcare professionals report their communication competence, problem-solving ability, and adequacy of conflict resolution education and training?

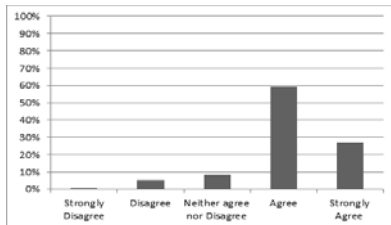
- **Communication Competence**



- Scores on the Interpersonal Communication Competence Scale

- $M=3.86, SD=0.33$

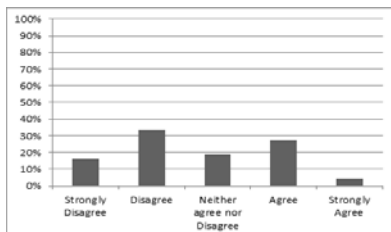
- **Problem-Solving Ability**



- Scores in the Problem Solving Skills Scale

- $M=3.24, SD=.264$

- **Education & Training**



- Scores on the 3 independent education & training scale

- $M=2.69, SD=0.74$

RQ 3.

Is there a statistically significant relationship between communication competence, problem-solving ability, and/or conflict resolution education and training, and healthcare professionals' self-efficacy in resolving conflicts within collaborative healthcare teams?

Table 5

Correlations Between Communication Competence, Problem Solving Ability, and Education and Training and Perceived Ability to Resolve Team Conflict

DV	IV	r	Effect Size	p
Conflict Resolution Self-Efficacy	Communication Competence	.511	Large	.0001
Conflict Resolution Self-Efficacy	Problem Solving Ability	.336	(Medium to Large)	.0001
Conflict Resolution Self-Efficacy	Education and Training	.302	(Medium to Large)	.001

RQ 4.

Can healthcare professionals' self-efficacy in resolving conflicts within collaborative healthcare teams be predicted by communication competence, problem-solving ability, and/or conflict resolution education and training?

Multiple Regression to Determine the Ability of CC, PSS, E&T to Predict Healthcare Professionals' Conflict Resolution Self-Efficacy

Independent Variables	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>T</i>	<i>p</i>
Communication Competence	.527	.117	.378	4.511	.000
Problem-Solving Skills	.213	.118	.149	1.811	.073
Education & Training	.121	.054	.181	2.220	.028

R= .524 (Large Effect Size)

Discussion



Self-Efficacy: Mastery Experiences

- In this research study, healthcare professionals who reported having had 11-20 years of experience in healthcare felt very confident in their ability to resolve team conflict.
- It is possible that during their years of experience in the healthcare field, they successfully resolved a variety of team conflicts, thus building confidence in this skill.



Self-Efficacy: Social Modeling

- During a mentoring period, it is likely that novice healthcare practitioners will observe experts in situations that involve conflict.
- Based on Bandura's theory, if novice practitioners witness conflicts being successfully resolved, they may believe intuitively that they too can resolve interprofessional conflict.



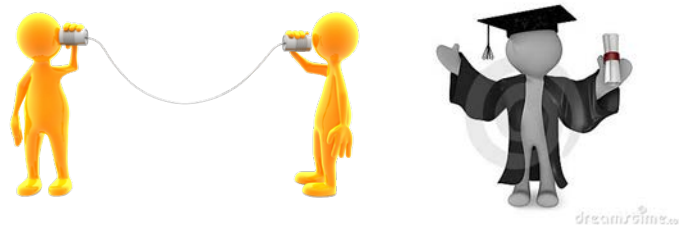
Self-Efficacy: Social Persuasion

- Receiving verbal encouragement from others helps individuals overcome self-doubt and focuses attention on their belief that they possess the skills and capabilities required to succeed.
- The mid to high conflict resolution self-efficacy scores could stem from the fact that at one time in their careers they successfully resolved a conflict and subsequently received positive feedback.



Predictive Ability of the Central Components

- The results of this study have determined that healthcare professionals' belief in their ability to resolve conflict, when all variables are considered, is influenced by two factors: (a) education and training and (b) communication competence.
- A plausible explanation for this finding is that both components (education and training, and communication) are complementary.



Limitations

Limitations of the study include the following:
distribution of the sample, risk of social
desirability response bias, implications
associated with the questionnaire.



Recommendations for Further Research

- Repeat the study with larger sample size.
- Independently examine each of the three key components.
- Consider observing conflicts in real time.



Conclusion

- The findings of this study warrants recognition, dissemination, and outcome evaluation among educators and clinicians engaged in interprofessional education and practice.
- Conflicts within collaborative interprofessional teams can be resolved effectively, but first healthcare students and healthcare professionals must be taught effective conflict resolution techniques that are grounded in evidenced-based research.



Questions?

