Why Conflict Engagement Now?

This program has been developed as a direct response to the growing need for improved collaboration and conflict competence among healthcare professionals.

The emphasis on patient safety, patient/provider partnerships, leadership effectiveness, healthier work environments, lower costs, improved access, and resilience among healthcare professionals is precipitating a move toward improved capacity within healthcare organizations for effective conflict engagement as a means of improving patient care and the work environments of those who provide that care.

Below are just a few of the indicators that support participation in this program:

- In July 2008, the Joint Commission released sentinel event alert #40, *Behaviors that Undermine a Culture of Safety*.[1] The alert cites evidence of the correlation between intimidating and disruptive behaviors and the incidence of medical errors and preventable adverse events; patient satisfaction; costs of care; and retention of qualified personnel.

- A 2009 study estimates that $75-$100 billion per year is lost to medical errors with another $25-$50 billion lost due to lack of coordination of care.[2]

- The Joint Commission adopted new leadership accreditation standards, effective January 1, 2009, for conflict management in hospitals. One of the standards, LD.02.04.01, requires that "the hospital manages conflict between leadership groups to protect the quality and safety of care."[3]

- In March 2011, the Joint Commission implemented new Medical Staff standards for managing conflict among the medical staff and between the medical staff leadership and other senior leadership groups.[3]

- The key to ACO success, however, is building a culture of mutual inclusion. Hospitals and medical groups alike must be open to joint governance, joint leadership and joint responsibility. For some, it will mean a fundamental cultural redesign.[4]

- "Organisational cultures that emphasize teamwork and innovation have been found in alignment with quality improvement, whereas bureaucratic, hierarchical cultures, which inherently promote stability and resist change, are less suited for quality improvement."[1]

- Supportive interpersonal relationships at work, work-place culture, and approaches to staff management are important for developing healthy workplaces. Relationship-oriented authentic leadership is also required to create healthy work environments for nursing practice (Shirey, 2006), for instance by engaging nurses in the work environment and by promoting positive behaviors (Wong & Cummings, 2009).[5]

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[1] Joint Commission, Sentinel Event Alert #40, Behaviors that Undermine a Culture of Safety, available at: http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm
[2] Waste In The U.S. Healthcare System Pegged At $700 Billion- Report from THOMSON REUTERS, Oct 26, 2009, found at: http://thomsonreuters.com/content/press_room/tsh/waste_US_healthcare_system
[3] The Joint Commission: 2011 Comprehensive Accreditation Manual for Hospitals: The Official Handbook. Oak Brook, IL: Joint Commission Resources, 2010.
[4] Abe Levy, Aric Sharp and Scott Hayworth, How to Develop an Effective Accountable Care Organization Hospitals & Health Networks, April 7, 2011, Accessed at: http://www.hhnmag.com/hhnmag/HHNDaily/HHNDailyDisplay.dhtml?id=6470003245

[5] Jolanda A. H. Schreuder Corne᷄ A. M. Roelen Nely F. van Zweeden Dianne Jongsma Jac J. L. van der Klink Johan W. Groothoff Leadership styles of nurse managers and registered sickness absence among their nursing staff, Health Care Manage Rev, 2011, 36(1), 58-66.