Case Management: Conflict Resolution Strategies

What We Know
The case manager’s (CM’s) role in conflict resolution typically falls into two categories: mediation and advocacy. Mediation often involves behavioral issues or resolving a problem associated with the patient’s perception that their rights were violated by denial from a service provider or stakeholder. CM advocacy is usually connected with filing a complaint, appeal, or negotiating for service or treatment. Regardless of whether the dispute is mediated or negotiated, the cardinal rules of dispute resolution can be remembered by mnemonic ACB:

› Air your differences. Remain considerate of mutual needs and concerns
› Clarify issues and interests—narrow issues to underlying/basic problem
› Brainstorm options to resolve dispute

A mediation is a process used to resolve an existing dispute or reconcile different positions. When a CM serves as a mediator, his/her primary focus is to act as a neutral, impartial arbiter so the parties can communicate their concerns in a collaborative, non-confrontational way. Except for minor issues that can be resolved with a telephone call or email, the best approach can be a face-to-face meeting at which all parties discuss their concerns because it minimizes the risk of misinterpreting written communication. The goal of the mediation is to develop solutions or a plan to resolve the existing issue and to minimize future conflicts. It is critical to follow-up with all parties after the meeting to confirm the decision or to make adjustments, if appropriate. The typical format for a CM-guided mediation includes

› Introduction and narratives
  • Role explanation as neutral arbiter—be totally trustworthy, but not totally trusting. Indicate you will question anything that is not clearly understood or appears inconsistent
  • Discussion of ground rules (e.g., speak without interruption, use respect and civility—all parties are addressed in comparable manner [Dr., Nurse, Mr., Ms.], agreement for confidentiality)
  • When discussing individual narratives, participants are instructed to address key concerns to CM mediator, not to each other
  • Mediator develops an issue agenda from individual narratives, clarifies terminology, and identifies legal implications

› Exploring the issues
  • Mediator guides participants in an exchange of agenda issues directly with each other, acknowledges commonalities, encourages participants to engage in "guided exchanges" (i.e., share individual perspectives and personal experiences/stories; providers discuss concerns about potential adverse effects, treatment limitations)
  • Utilize private meetings (caucuses) to explore issues fully, minimizing vulnerability of larger group

› Decision-making
  • Mediator assists parties to develop specific, measurable, achievable, realistic, and timed (SMART) options, outlines objective criteria for selecting solutions, establishes follow-up sessions (if necessary), and confirms confidentiality agreement

Although registered nurses are ethically obligated by their professional licensure to advocate on behalf of their patients/clients by supporting or recommending a cause or course of action, a registered nurse CM can ethically serve as a neutral mediator, because in case
management situations, all parties are obligated to further the ultimate goal of meeting the patient’s health needs.\(^2\)

A CM can also manage conflict by advocating on behalf of their clients. Advocacy can include negotiating among service providers for benefits that were denied or delayed, facilitating access to a service or treatment by providing information to determine eligibility or benefits (e.g., disability), filing an appeal or complaint or supplying necessary reports or written statements in support of the appeal/complaint, and accompanying the patient to any hearing about the appeal/complaint. Additional advocacy efforts include participating in a legal proceeding when the patient’s rights or freedom are at risk. CMs can be called up to testify on behalf of a patient, discussing the patient’s condition/disability and explaining how it influences behavior.\(^1,5,6\)

Ideally, a CM will pursue an interest-based negotiation with the goal of communicating different perspectives or positions with the goal of reaching an agreement to meet as many interests as possible. The CM’s role during a negotiation is different from a mediator’s role because, as a negotiator, the CM acts as a patient advocate, not as an impartial party. Effective negotiation requires the following steps:\(^1,5,6,8\)

- **Preparation**. Conduct research to better understand the other parties’ position(s) and to gain leverage (“Knowledge is Power”). For example, if determining length of stay, find out the typical length of stay and acceptable reasons for extension. If negotiating a price reduction, find out the prices of competitors. Investigate all options
  - Determine necessary approval from provider source
  - Determine true decision maker to avoid delays and wasted time awaiting response
  - Determine the incentives for each party for each option
  - Evaluate the dynamics of the conflict (relationship problems, differing values, inadequate information)
  - Start with “high” position/request to permit concessions—it is more difficult to escalate demands than make concessions. Determine opening position, “trade-offs” (i.e., secondary goals to be waived), and the least acceptable position (“bottom line”)
  - Assess for common goals and principles of practice; evaluate for hidden agendas (e.g., was a decision made before negotiations began?)

- **Clarify the issues and goals**. It is critical for everyone to agree on the issues and the goals of the negotiation. Once the issues and goals are established, it is easier to identify areas of agreement (common ground, which can be put aside or used as leverage for areas of disagreement)
  - Clarify issues by determining the nature of the problem (interpersonal, administrative, operational, systemic)
  - Confirm mutual understanding of issues being discussed and features and functions of product/supply/equipment under review
  - During the discussion, remain composed; state position assertively; role model good communication skills (active listening; use the 70/30 Rule [i.e., listen 70% of the time, speak 30% of the time] and monitor nonverbal communication), and flexibility
  - Avoid using destructive language (e.g., disparaging comments/ridicule, sarcasm), inappropriate body language (i.e., eye rolling, head shaking, inattentive listening, crossed arms, leaning or moving away from the common table), and techniques that attempt intimidation or manipulation. However, if these techniques are used against you, be prepared to counter them by reasserting appropriate behavior
  - Be patient and use breaks/time outs if other party appears tired or angry or the discussion reaches an impasse

- **Work toward compromise** on areas of disagreement
  - Use factual statements obtained from research
  - Discuss the conflict, not the personalities
  - Avoid belaboring how conflict arose; focus on resolution
  - Separate the person from the problem—respect the participants; attack the problem
  - Be aware of cultural differences, personal beliefs, attitudes, and biases, and personal interests (pressures from the specific situation); monitor body language from others that could reflect misunderstanding
  - Get behind the “No.” Identify and understand the other party’s concerns that inhibit agreement; continue to address them and collaborate toward solutions

- **Reach a mutually agreeable resolution**. Express appreciation to all parties for successful resolution. Follow-up by restating agreement verbally and in written documentation. Consider each negotiation process as a tool to build relationships that will promote stronger, increasingly more constructive relationships for future negotiations

Conflict resolution strategies generally fall into five categories, listed below in order of desirability and long-term effectiveness. Of the five strategies, CMs most frequently use negotiation as a strategy to work with patients/care providers
to develop a plan of care, obtain approval for needed services, control costs (e.g., “carve out” or “laser out” separately negotiated services for patients with complicated problems); secure services beyond the benefit contract, and determine length of stay.

- **Collaboration/integrating** (i.e., all parties’ needs are considered in final resolution)
- **Negotiation/compromising** (i.e., reaching a mutually acceptable solution through compromise; solution involves partial win for all parties, most useful when facing deadline or when parties are deadlocked)
- **Domination/accommodation** (i.e., meets the needs of one party at the expense of others’ needs), competitive (i.e., involves an unyielding position, often used in emergency situations; one party pursues its agenda at expense of others can result in parties feeling unsatisfied or bullied)
- **Smoothing/obliging** (i.e., one party pacifies the other party or focuses on agreements rather than differences; minimizes emotional component; rarely results in resolution of actual conflict)
- **Avoidance** (i.e., avoids conflict by permitting the default action to occur). Case management interventions frequently use negotiation as a strategy to work with patients/care providers to develop a plan of care, obtain approval for needed services, control costs, secure services beyond the benefit contract, and determine length of stay.

Tools used to enhance effective communication during conflict resolution include:

- **Clarification.** Skill involves asking open-ended questions, restating content, and asking other party for more explanation. Used to collect information and assist other party to understand different perspective.
- **Active listening.** Skills involved include maintaining appropriate eye contact with appropriate body language demonstrating respect and attention, allowing for constructive silence, and waiting for mediator to acknowledge understanding. Used to develop rapport by:
  - demonstrating to a speaker that his/her message has been heard
  - letting the speaker know that the emotional intensity of the message has been heard
  - legitimizing the fact that having and expressing emotions is acceptable
  - building feelings of empathy between the listener and the speaker
- **Reframing.** Skills include use of neutralizing language (if previously negative, condemning, offensive), refocusing issues from past to future change. Avoid, “Yes, but…” statements which indicate disregard for the other party’s position. Use “I understand. What about…?” statements instead. Technique is effective for altering the tone of message from negative to neutral.
- **Empathizing.** Skills include use of reflecting back speaker’s observations, words and acknowledging that emotions underscore speaker’s principles, beliefs, and values. Do not sidestep heavy emotions, which can leave the person feeling exposed without resolution. Simply acknowledging emotions, “You seem upset,” is often adequate. Used to express understanding of other party’s feelings.
- **Summarizing.** Skills are restating major ideas and feelings, itemizing points of agreement and what is required to move the situation forward. Focus on what you want other party to do, not what you want them to avoid (e.g., “Please leave the door open” instead of “Don’t close the door.”). Used to review progress.

Current thinking about conflict resolution is to normalize it by recognizing that conflict is inevitable and to acknowledge it can lead to positive outcomes (e.g., better outcomes for patients, financial savings, new ideas, initiatives, improved trusted relationships for future collaboration). Professional initiatives call for integration of conflict resolution and appropriate communication styles (i.e., self-awareness, developing and enhancing emotional intelligence competences) into academic preparation as a means of building capacity for conflict resolution in the next generation of clinicians.

**What We Can Do**

- Learn about/become knowledgeable about conflict resolution so you can accurately assess the factors that influence situations that lead to conflicts; share your observations and ideas for conflict management with other CMs.
- When engaging in mediation or advocacy, improve your credibility with stakeholders by:
  - increasing knowledge about the broader complexity of the patient’s situation, not just the immediate issue
  - demonstrating ability to work well within the formal social service system
  - understanding eligibility criteria
  - utilizing strong, effective communication skills
- Be sensitive to differences in cultural and ethnic backgrounds that can cause misunderstanding. For example, a Black American, who uses direct eye contact when speaking, but looks away when listening, can perceive a White American who does just the opposite (as observed in mainstream White communities) as “not paying attention” or “too aggressive.”
Another example is seen in many Asian cultures, which teach their members that direct eye contact with an older person or someone of higher social status is disrespectful, while Western cultures perceive someone who avoids eye contact as untrustworthy. Review and practice the communication tools reviewed in this topic to promote effective discussions during conflict resolution situations. Acknowledge that conflict is normal and embrace the positive potential for successful resolution of contentious issues; consider organizing conflict resolution classes at your workplace.

**Coding Matrix**

References are rated using the following codes, listed in order of strength:

- **M** Published meta-analysis
- **SR** Published systematic or integrative literature review
- **RCT** Published research (randomized controlled trial)
- **R** Published research (not randomized controlled trial)
- **C** Case histories, case studies
- **G** Published guidelines
- **RV** Published review of the literature
- **RU** Published research utilization report
- **GI** Published quality improvement report
- **L** Legislation
- **PGR** Published government report
- **PFR** Published funded report
- **PP** Policies, procedures, protocols
- **X** Practice exemplars, stories, opinions
- **GI** General or background information/texts/reports
- **U** Unpublished research, reviews, poster presentations or other such materials
- **CP** Conference proceedings, abstracts, presentation

**References**