

Interpersonal Conflict and Conflict Resolution

Interests and Concerns

Host:

When we think about conflict there are usually lots of concerns. We may feel emotional: sad - frustrated - or angry. We may worry about how others are going to react. Or perhaps we are thinking about our reputation - how we are going to be seen by others. Time is another factor. There's not always time to address conflict in our busy lives. And even with time we may not feel we have the skills to start the conversation. And what if we are wrong? All these concerns are enough to prevent us from approaching and addressing conflict. Our perspective influences what we do, what we say, and how we feel. With a focus on interests instead of positions, where could these conversations go?

Man:

Our patients have a right to know what's happening to them. And to have a say in their care.

Woman:

That's true. I agree with you; they do need information.

Man:

But you don't want me to say anything.

Woman:

I know it sounded like that - I guess I could have been clearer. It's not about you telling the patient or not telling the patient. When all the results are in, absolutely: we give her the information and then she can make decisions. I guess it sounded like I was telling you what to do - not what I intended. Sorry about that.

Man:

Oh, well thanks - it sure felt that way. I didn't know you were open to telling the patients; I just missed the 'more information' part. My bad. Sorry?

Woman:

It's okay. It's good - we're good.

Man:
We're good.

Father:
None of this makes sense to you - the midnight curfew.

Son:
No. Not at all. I can make my own decisions. I'm not a kid anymore.

Father:
That's true. You are capable of so much these days, and me telling you what to think all the time must make you feel like you're 12 again.

Son:
EXACTLY. And I get that you're worried - you're the dad.

Father:
Yeah. I'm the dad.

Host:
In conflict we don't really think about the reasons for other's behaviour because we are so focused on how we feel. When we make decisions about people or situations, we believe that our assessments are accurate. This is called 'attribution bias', and our ideas about others rarely change. What kinds of perceptions are being held in this situation?

Mr. Dunn:
We're due for the meeting in a few minutes. I'd like to see what they have to say this time.

Nurse 1: Hey.

Nurse 2:
They are not happy.

Nurse 1:
Right.
Hello. Mrs. Connelly?

Mrs. Connelly:
What is your name?
I said, what is your name?

Mr. Dunn:
I think my sister asked you a question.

Mrs. Connelly:
Yeah! That's right! Are you going to tell us your name, or is that a problem for you?

Nurse 1:
No.

Mrs. Connelly:
Then what - is - your - name.

Nurse 1 (Marie):
Marie Dysone.

Mrs. Connelly:
Spell it please.

Marie:
Pardon?

Mrs. Connelly:
I said SPELL IT.

Marie:
D - y - s - o - n - e.

Mrs. Connelly:
Well that wasn't so hard. Now what are you? What? A doctor? A nurse?
What?

Marie:
I'm a nurse. I'm part of the team caring for your father.

Mrs. Connelly:
You see? They sent us a nurse.
Sit down.

Marie:
I can see you're angry, so...

Mrs. Connelly:
Oh you can, can you. Why don't you just sit.

Marie:
Mrs. Connelly, I suggest you calm down so -

Mrs. Connelly:
I said sit down.

Marie:
I will not continue this conversation -

Mrs. Connelly:
No. I will not continue this conversation. We wait here for yet another report from the team who incidentally is not doing their job. My father is barely hanging on because of the negligence here. Now they send us a nurse, and you're telling me to calm down?
I'll tell you what. Say what you came to say. Better yet, tell your team I've been taking notes for days about my father's care. My brother and I are this close to suing your ass.

What are the positions of the family members?

What are the positions of the Health Care Professional?

What are the interests of the family members?

What are the interests of the Health Care Professional?

Host:
What are the positions and interests on both sides? What does everyone need?