OHT Patient, Caregiver & Community Engagement Learning Series

Module 4: Leaning into the Challenges

Acknowledgements

How to Use This Workbook

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Legal

The materials in this workbook are general guidelines only. This workbook is not intended to provide legal advice. If there is a discrepancy between this document and any applicable legislation, the legislation will always prevail.

Document Layout

This workbook consists of <u>five sections</u>. **Section one** provides a definition of conflict and digs into common sources of conflict. **Section two** outlines

conflict styles (specifically, the ways we as individuals, may respond to conflict)**. Section three** differentiates adaptive from technical challenges. **Section four** outlines examples of the types of conflicts we may encounter in our partnership work and some tactical ways to reflect on them and move forward. **Section five** provides links to additional resources.

Section 1: Conflict? Tensions? What's in a name? What drives tension and conflict?

The word conflict may evoke negative emotions or make us uncomfortable. Conflict has been defined as "a process that begins when an individual or group perceives differences and opposition between itself and another individual or team about interests and resources, beliefs, values, or practices that matter to them" (De Dreu & Gelfand, 2008, p. 6). We may use other terms to refer to conflict such as tensions or challenges. We use these terms interchangeably throughout this document. It's important to note that even when conflict makes us uncomfortable it can help us move forward.

Adam Grant, an Organisational Psychologist and Professor uses a more positive frame by describing conflict as *creative tension*. He states: "Creative tension can make beautiful music. In a culture that deals with conflict effectively, people aren't afraid to bring their problems to the table. **If you can agree on the problem**, you have a better shot at finding a solution that works for everyone. And even if you don't find that perfect solution, you've at least strengthened your ability to build consensus around the diagnosis of the problem."

In addition to insights from Adam Grant, researchers have studied conflict for several years, unpacking some of the common sources of conflict as well as the ways we may respond to it. First let's take a look at the sources of conflict. Here we refer to work by Dr. Christopher Moore.

Dr. Christopher Moore has worked in the areas of stakeholder engagement, conflict management and decision making for over 3 decades. He has provided collaborative decision making and conflict management services in over 50 countries. The figure and definitions below are adapted from his book called, Circle of Conflict from The Mediation Process: Practical Strategies for Resolving Conflict; 2nd edition, 1996, pp. 60-61 and can also be found at this link: [Conflict Management - Linda Magson Counselling and Coaching](#)

Moore describes 5 core sources of conflict:

Relationships- a core component of engagement and co-design activities. Relationship conflicts may arise when we are not actively listening to each other/communicating poorly.

Interests- having misaligned goals and expectations.

Structures- arising from systemic issues, unequal access to resources, power and spaces to share, connect and grow.

Values- arising from differing ideologies, beliefs, ways of being, perceptions of roles, etc.

Data- misinformation, lack of information, different interpretations of the information that are available to us (including its value and meaning).
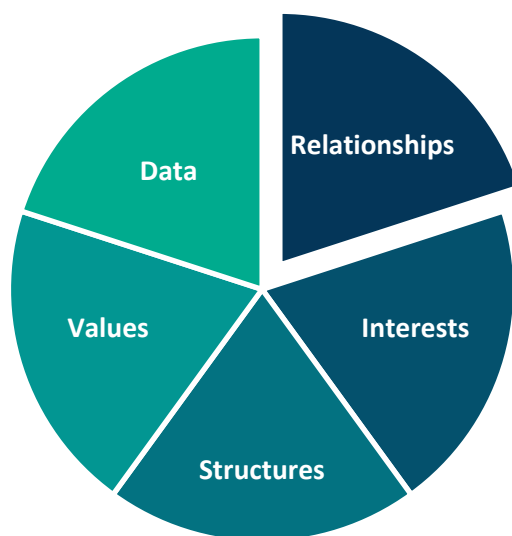

## Figure 1: Sources of Conflict

Section 2: Conflict Styles

We tend to respond to conflict and tensions in different ways. Drs. Kenneth Thomas and Ralph Kilmann developed a tool outlining the different ways we might respond to conflict and tensions which they classify as: *collaborating, competing, avoiding, accommodating, and compromising*. These different types of responses have two underlying dimensions of behavior: 1) assertiveness (the extent to which we are seeking to satisfy *our own* concerns) and cooperativeness (the extent to which we are seeking to satisfy the concerns *of others*).

This figure below was adapted from an online source found at this link: Take the Thomas-Kilmann Instrument | Improve How You Resolve Conflict (kilmanndiagnostics.com). The figure outlines the dimensions of conflict and the ways we may respond to conflict. We may have different styles of response depending on the situation.

As you review the figure and definitions below, take yourself through this reflective exercise. **Think about a recent tension or conflict that you experienced (such as in**

your personal life, at work or with a friend, partner, neighbour, family, co-worker, etc.). Using the figure and definitions below as a guide, answer the following:

1) How did you respond to this tension/challenge/conflict? Also consider what 'response category' you think you fell into? (see definitions below)
2) What was going on in your mind?
3) Why do you think you responded this way?
4) What was the context/environment like? (e.g., How safe did the space feel? Did you feel that your ideas mattered? Were there factors that you felt you could control/ could not control?)
5) What factors would help you address this conflict? (e.g., time, courage, align/pull on people who can support you)
6) If you experienced the same situation again in the future would you respond differently? Why or why not?
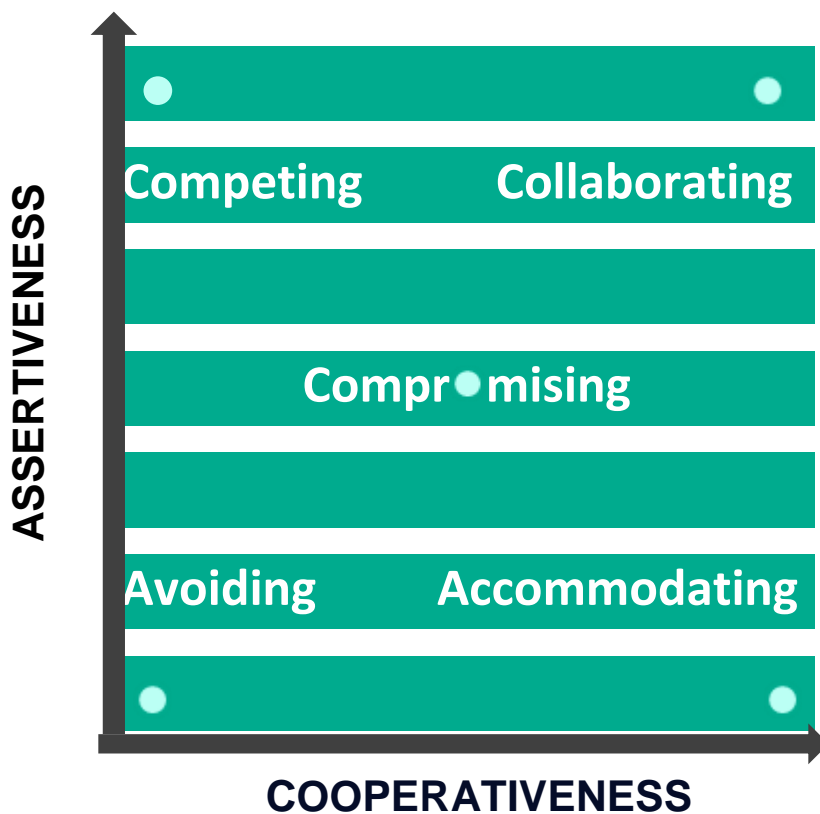
Conflict Response Styles

Competing- assertive and uncooperative. Defending your position. Your ability to argue, your power, rank and position will influence the outcome of this style of dealing with conflict.

Accommodating- unassertive and cooperative. Neglecting your own concerns to meet the needs and preferences of someone else.

Collaborating- assertive and cooperative. Working together, leaning in and exploring disagreements in a constructive way. **This is ultimately the goal of partnership work and co-design.**

Compromising- trying to find "middle ground" or quick expedient solutions where parties are willing to "let go" of a few things to move forward. This may also be required when engaging and co-designing with others but requires open conversation and exploration of trade-offs.

Avoiding- unassertive and uncooperative. Sometimes referred to as "side stepping" an issue or ignoring it. We may do this to avoid feeling vulnerable in a situation or when feeling powerless. This can lead to relationship breakdown and compromise our engagement and co-design activities.

Section 3: Technical vs Adaptive Challenges

As we move to become better "responders" to challenges it is important to think about whether or not the challenge is **technical** or **adaptive**. One of the biggest mistakes we make in addressing adaptive challenges is applying technical solutions to them. For example, a technical challenge is something that may be commonly experienced, it's more straightforward and has an indisputable, evidence based response. Sort of like "plug and play" and all is well. An adaptive challenge is more complex in that it requires challenging how we think, and requires working with others to explore new solutions, making compromises and understanding our biases. Any type of partnership work can be considered an adaptive challenge. Examples of technical vs adaptive challenges are shown in the table below. These concepts are borne out of the adaptive leadership literature by thought leaders Ronald Heifetz, Alexander Grashow and Martin Linsky (2009). Learning how to work through adaptive challenges is required for patient, caregivers, providers, community members, leaders and others to better work together (and essentially become adaptive leaders).

Technical vs Adaptive Challenges	
TECHNICAL	**ADAPTIVE**
Root causes are easy to identify	Root causes are difficult to identify and easy to deny
Often lend themselves to cut and dried solutions	Requires changes (or attention to) beliefs, values, roles, relationships and approaches to work
Often can be solved by an authority or expert	People most impacted by the problem need to do the work to solve it
Requires change in just one or few places; often contained within organizational boundaries	May require change in numerous places; including across organizational boundaries
People are often receptive to the technical solution	People often resist even acknowledging adaptive challenges
Solutions can be implemented quickly	"Solutions" require experiments and new discoveries; they can take a long time to implement and can't be implemented by edict (i.e., mandate)

Cited in Robinson 2022

The CODE concept (Character, Organizational justice, Development and Emotional intelligence) may be helpful in supporting us to enact the key tenets of adaptive leadership. CODE dimensions include

- **character** (owning your mistakes and building trust);
- **organizational justice** (ensuring open communication);
- **development** (being willing to explore new ways of doing things); and
- **emotional intelligence** (recognizing the realities and needs of others/showing empathy).

The CODE concept addresses several core tenets of person-centred care and emphasizes vulnerability and adaptability.

Cited in Robinson 2022 and Kuluski et al 2021

Section 4: How to Respond to Conflict in our Relationships

The team at Support House's Centre for Innovation in Peer Support suggest the following self reflection questions before engaging in a conversation about conflict.

Reflect:

1. Understand your own perspective – Why do I believe what I do? (prior experience, upbringing, core values, envy, fear of change, etc.)
2. Get really clear as to what your key points are (if helpful, jot them down)
3. Ground yourself in knowing the goal is to come to a beneficial solution, not to "win" the debate.

They also provide some ideas on how to respond during difficult conversations (when addressing a conflict). We have included these guiding reflections and questions in the table below with a few adaptations by our team. We have also linked each reflection/question with the most relevant CODE concept from the previous section (so you can see how it enables moving from a technical to an adaptive response style).

Guiding Reflections/Questions	Most Relevant CODE Concept
Hold the other person in high regard (give them the benefit of the doubt)	Character
Collaboratively ground in your mutual goal (e.g., to identify and reach consensus on the problem)	Organizational Justice
Discuss: Share your goals and perspective, genuinely listen to the other person's points	Emotional Intelligence

Guiding Reflections/Questions	Most Relevant CODE Concept
Collaboratively Evaluate: Which points can we agree on? Where do we have gaps?	Development
Embrace creative problem solving: How can we fill the gaps? How will we know if things are better?	Development
Thank the other person for their insights.	Character
Make a plan for following up to assess if the situation is better/ resolved.	Development

Working through Power Imbalances

Conflicts that may arise between members of our community, patients, caregivers, providers, health system leaders, etc. may stem from many factors, including power dynamics and imbalances.

The Canadian Institutes of Health Research (CIHR) has provided guidance on how to reflect on such power imbalances and address them. The full report can be accessed at this link: https://cihr-irsc.gc.ca/e/51910.html

CIHR highlights that power imbalances may stem from many factors including status, control, information (different levels of expertise), health conditions (which patient partners may have to attend to on a continued basis interrupting their opportunities to participate), economic situations and divergent cultural protocols (different views on appropriate ways of interacting).

All people involved in an engagement activity (patients, researchers, caregivers, community members, team leads, clinicians, funders and organizations) should review the types of skills and experiences they need for particular roles along with the types of resources and training required to strengthen overall capacity.

For patients and care partners:
Consider the following:
- Will I have access to the information, status, and power that I need to play a meaningful role on the team?
- Am I clear on the expectations that come with this role – my own, my community's, and those of others?
- Will I need resources to help me fulfill this role? Are these resources available to me?
- What influence or control do I have over these resources?
- Will I receive the training I need to fulfill my role on the team?
- Could I have a role in training other members of the team to help expose or improve power imbalances, and deal with them?
- Do I understand the roles of other members of the team and how I fit in?
- Do I feel that I am being treated equitably and with respect?

- o Is my voice being heard, and
- o Are my contributions acknowledged and valued?

For people supporting patient and caregiver partners (including and not limited to: researchers, program or engagement leads, clinicians, institutions, and funders)
Consider the following:

- o Have we included resources and support at the project planning stage? Will these resources and supports allow patients and care partners to contribute meaningfully?
- o Will they allow researchers and others to understand what meaningful collaboration is and what their responsibilities are?
- o How will we ensure that patients and care partners are being treated equitably and with respect?
- o Have we determined how we will acknowledge and value the contributions of patient and care partners?
- o Have we informed patients and care partners of the various roles on the team and defined these roles together?
- o Have we told them about any policies to which we may be held accountable?
- o Is the project engaging more than one patient or caregiver partner?
- o Have we reflected on our cultural expectations, norms (and how they may align or misalign with others)?
- o Have we recognized the generally unspoken assumptions we bring to our interactions with patients and care partners?
- o Have we considered that patients and care partners may have different expectations around how they interact with us?

Similarly, **Hewlett et al (2006)** from the UK have explored common challenges between patients, professionals and research partners including ways to respond to those challenges.

Common challenges in partnership

- o Enabling contribution- access to technology, understanding terminology, having access to training.
- o Relationships- determining role(s) and managing hierarchies
- o Tokenism- making assumptions about the knowledge of others, their value and contribution or collaborating merely to "tick a box"
- o Anxieties of taking on a new role- concerns about the ability to contribute, the value of contribution, unfamiliarity with terminology, lack of role clarity.

The authors developed a working framework to support people in working through these challenges. The framework is called FIRST (facilitate, identify, respect, support, train). The following table is taken from their paper with some minor adaptations made by our team. The questions added by our team are marked with an asterisk (*). The table outlines each component of the framework with some questions to consider.

Adapted from Table 1 (Hewlett et al 2006). **FIRST (facilitate, identify, respect, support, train) considerations in partnership.**

Framework Component	Examples Questions to Consider
Facilitate (supporting inclusion and enabling contributions)	1. How can the attitude of the lead/facilitator drive collaboration? 2. Is the venue and timing of meetings accessible? 3. Is the conduct of meetings inclusive and encouraging? 4. Is the patient or caregiver partners expertise recognized?
Identify (projects and potential partners)	1. Does the patient or caregiver partner have relevant experience of the issue? 2. Is the patient or caregiver partner willing to review and discuss the material? 3. Can the patient or caregiver partner commit the time? *Can flexibility be built into the time commitment?
Respect (roles and contributions)	1. How can we develop the patients or caregiver partner's skills? 2. *How can we develop the skills of other members of engagement tables/initiatives (in terms of honoring the voice of the partner, creating space for open and safe dialogue, listening intently, showing compassion)? 3. What are the patient or caregiver partners personal and clinical experiences of the issue? 4. How might we recognize the patient or caregiver partner for their time? 5. Has the patient or caregiver partner signed an official confidentiality agreement of staff contract?
Support (communication and confidentiality)	1. Have there been one-to-one meetings between the lead/facilitator and the patient or caregiver partner? 2. Has feedback been exchanged between the lead and the patient and caregiver partner on early contributions and experiences? 3. Can a partner network or buddy system be developed between patient and caregiver partners? 4. Does the patient or caregiver partner have the contact of a support person (e.g., team lead?)
Train (supports)	1. What kind of support can be provided for patient and caregiver partners to support their learning needs? 2. *What kind of support can be provided for team leads, community partners and other members of engagement tables to support their learning needs?

Section 5- Other Resources

14 Conflict Resolution Strategies for the Workplace written by Christina Wilson and published on March 10, 2022 contains tips, strategies and free downloadable worksheets to support you and your teams in managing conflict https://positivepsychology.com/conflict-resolution-in-the-workplace/

Check out this YouTube Video (just over 8 minutes) by Chad Littlefield https://www.youtube.com/watch?v=n5cAq5Oyswg called "How to Have a Meeting with a Difficult Person" – he provides examples of strategies and key questions to ask the person who is exhibiting difficult behaviours.

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