Issues for debate

Mediation skills for conflict resolution in nursing education

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Fung Kei Cheng*

Department of Social Work and Social Administration, Faculty of Social Sciences, The University of Hong Kong, Hong Kong, China

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ABSTRACT

Encountering conflicts among family members in hospital produces burnout among nurses, implying a need for alternative dispute resolution training. However, current nursing education pays more attention to counselling skills training than to mediation. The present report examines the fundamental concepts of mediation, including its nature, basic assumptions and values, and compares those with counselling. Its implications may open a discussion on enhancing contemporary nursing education by providing mediation training in the workplace to nurses so that they can deal more effectively with disputes.

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Introduction

Members of helping professions, such as hospital service providers, probably equip with counselling skills, by which they can help clients cope with emotional issues. Nowadays, practitioners, including nurses, are working in a culturally diverse environment, in which patients and their family members may view illnesses and treatment differently. For instance, when a patient accepts a treatment proposed by a physician, his/her spouse may suggest trying complementary and alternative medicine that is popular in his/her culture. Their different concerns enable nurses to more likely encounter conflicts among patients' family members in hospital; and thus they have a need to sharpen their capabilities in handling such disputes. Mediation, as an alternative dispute resolution method, aims at resolving conflicts and disputes, and has widely been used for various aspects (Alexander et al., 2003); for instance, family, marriage, finance, property, neighbourhood, and medical events. In response to this growing demand, the present discussion looks into the nature, basic assumptions, and values of mediation by comparing them with those of counselling. This report may open up further discussion on the enhancement of current nursing education by offering mediation training to nurses (including nursing students).

Mediation as a potential skill for nurses

Disputes among patients' family members in hospital affect not only patients, but also nurses and workplace operation; in particular, nurses experience increased workloads and emotional exhaustion. How to equip nurses (including nursing students) with dispute resolution skills has thus become a concern among relevant educational experts, whether for elementary and advanced education programmes. While counselling training plays an effective role in helping patients who are suffering from physical pain and psychological distress, allowing nurses to achieve high levels of work performance and professionalism; these skills may not suffice to settle disputes quickly. In contrast, mediation, a solution-oriented approach, can complement this shortcoming, and has thus drawn the attention of nursing education policy makers.

Mediation begins in the 1990s as one of negotiation processes or conflict resolutions (Shapira, 2008). It maintains privacy and respects disputants during such conciliation. Mediators facilitate the development of mutual trust between both parties (case applicants and respondents), and guide them to search for common interests. Expectedly, the disputants can reach a consensus and sign an agreement. Mediation is relationship-oriented, aiming to prevent a lawsuit and solve conflicts within a time frame. These characteristics largely help nurses figure out disagreements on patients and their family members.

Benefiting from the high degree of homogeneity between counselling and mediation, in the areas of nature, value system, and ethics, nurses who have received counselling training can learn mediation fairly easily, and vice versa; although the objectives and skill sets of these two disciplines are divergent. As explicated later, counselling tackles emotional, psychological, mental, and spiritual

* Room 534, 5/F, The Jockey Club Tower, Centennial Campus, Department of Social Work and Social Administration, The University of Hong Kong, Pokfulam Road, Hong Kong, China. Tel.: +852 9093 7001.
E-mail address: oasischeng@yahoo.com.

dissatisfaction, mainly at the individual level; whilst mediation focuses on eliminating quarrels and conflicts among disputants, and on finalising a mediation agreement. This differentiation determines their skill sets, wherein mediation requires sensitivity to time constraints, common ground and varying dynamics among the parties involved, compromise, negotiation, and creative solutions; and these skills may be further discussed in future studies. In spite of their differences, similarities between the skills of both counselling and mediation encompass active listening, facilitation techniques, communication skills, empathic understanding, leadership, engagement, and rapport development. These similarities enable nurses who have received counselling training to learn mediation easily. Having been equipped with a variety of skills and techniques to cater to different needs and contexts, nurses are more confident in carrying out their jobs, and are able to contribute to patients, their families, their hospital, and to the community, which things fulfil the professional code of nursing. Of considerable importance is that nurses can also apply mediation to enhance peer relationships in the workplace, which lessens the possibility of burnout as well. Consequently, a healthy working environment is generated and a healthy workforce is maintained in the public health care system.

Nature of mediation as compared with counselling

Voluntary participation, in most cases, is the fundamental nature underlying both mediation and counselling. According to the Wipo Arbitration and Mediation Center, 2004, mediation is a non-binding process for conflict resolution, during which no legal obligation will be in force until a mediation agreement has been officially signed. This orientation forms an interaction among disputants and a third party, a mediator, in order to develop a negotiation process (Moore, 2014). Chaired by a mediator, as a neutral moderator, conflicts may be settled as early as feasible and in a constructive manner under the control of the disputants (Craig, 2000), resulting in an agreement with no prior consensus needed.

Conversely, emphasising the counsellor-client relationship, counselling is a collaborative process which aims at searching for solutions to cope with the presenting problems through a therapeutic collaboration (Corey, 2009). The major difference between counselling and mediation involves the therapeutic-driven features of the former, tackling individual emotional problems. Thus, mediation and counselling are both centred around evolving solutions.

The solution orientation of mediation leads it to be problem-focused, future-driven, forward-moving, and relationship-directed in developing a mutually agreed solution geared towards achieving a win–win situation based on common ground for the disputing parties. This allows mediation to more efficiently and effectively solve conflicts, and it has therefore been employed to minimise legal proceedings in developed (for instance, North America, Europe) and developing (for example, China and India) countries for private and commercial issues (Li, 2006; Xavier, 2006; Doelle and Sinclair, 2010; De Werra, 2014). During conflict management, mediators serve as the pivot on which to manage interpersonal conflicts (Dworkin et al., 1991), including enhancing communication, defining problems, enumerating priorities, exploring alternatives, and facilitating resultant negotiations. However, these tasks work closely with voluntary participation although compulsory mediation has been implemented in some countries for certain contexts, such as divorce mediation for children's benefits in Germany (Alexander et al., 2003).

Counselling serves as a bridge for resolving inward or outward conflicts, and leads clients to explore their current resources within a limited time frame. Like mediation, most effective counselling cases are on a voluntary basis, even though mandatory cases are referred to by a variety of sources, such as courts and schools, and are not uncommon (Tohn and Oshlag, 1996; Salem, 2009).

Counsellors may experience dealings with various categories of clients (Corey, 2009). First, *visitors* (for example, involuntary clients) do not come because of their low awareness of problems, and thus show resistance. Second, *complainants* shift responsibility to the faults of someone else, and are reluctant to take part in the problem-solving process. Third, *customers* admit deficiencies in their own lives, and are willing to seek professional help, and therefore are cooperative, easier to handle, and have the potential to overcome their predicaments. The challenge for counsellors is to skilfully escalate the voluntary level of the *visitors* and *complainants* to the point at which they become *customers* and are willing to participate in counselling and figure out solutions. Mediators are also likely to encounter all these situations, and can apply similar strategies to identify and manage different types of clients.

Basic assumptions

The fundamental assumptions behind mediation are twofold. In the first place, human beings are rational and tend towards problem-solving; mediation values disputants' capability of tackling their difficulties when participating in mediation and taking the responsibility for the consequences of their actions (Vindeløv, 2007). In the second place, disputants are experts on their own problems, needs, and acceptance levels. Thus, mediators create a mediating environment and facilitate solution development.

Likewise, counselling recognises clients' competence in managing challenges. Counsellors, in a not-knowing manner, help clients re-assess their abilities, and then re-devise their life path, by leading clients to solve their own problems (Corey, 2009). In view of their problem-solving capacity, both mediation and counselling agree that clients are able to find their own way out of troubling situations.

The "monopoly of truth" (Vindeløv, 2007, p. 29) has been challenged by the concept of multiple realities, implying that people create meaning from their life stories (Corey, 2009). Therefore, without fault-searching, mediators make very little effort either to explore the truth, or to investigate the past, unless it becomes necessary, which guides disputants to consider the present and the future instead (Liebmann, 2000).

Similarly, counselling, based on an emphasis on subjective reality (Held, 1996), respects clients' interpretations of their life meaning, and helps clients adjust their mindset from being problem-focused to solution-focused, facilitating clients to produce positive output through the discovery of their own strengths and resources. Whether this decision is right or wrong is not the key point as long as the clients choose the most suitable options by themselves (Corey, 2009). In terms of objective, both mediation and counselling intend to non-judgmentally facilitate clients to make proper decisions on their own.

Ethical concerns and values

Mediation ethics refers to the significance of mediation (Cooks and Hale, 1994; Waldman, 2011) and its professional code of conduct, and clearly stipulates the responsibilities and obligations of mediators. Within these ethical guidelines, impartiality spells out that disputants should be treated equally. Mediators must maintain equidistance among clients, exhibiting no preferences, prejudices, bias, or emotions (Dworkin et al., 1991; Chouliaraki and Orgad, 2011). However, mediators often unnecessarily change or give up their own views and personal values. Therefore, they attempt to practise impartiality technically and maintain fairness