

Understanding Conflicts Between Health Professionals: A Narrative Approach

Morten Skjørshammer

This article is an examination of one conflict story out of a total of 101 conflict stories from a Norwegian urban hospital. The data comes from an ethnographic study and was gathered through interviews, observations, and existing documents. The author demonstrates how conceptualizing professional conflicts as narratives can bring new insights to understanding, explaining, and resolving conflicts. A major contribution of the narrative approach to conflict management is the emphasis on the conflict as an integral part of the story. Conflict management approaches inspired by research from a positivistic tradition often look beyond the story to the real issues, treating the stories as anecdotes. Within the narrative approach, the parties' stories are considered an integral part of the conflict and solution.

A major challenge in professional cooperation is managing disagreements and conflicts. How professionals carry out this part of their work is an important determinant of quality of care and effectiveness in a hospital setting. In this article, I will demonstrate how conceptualizing conflicts between health professionals as narratives can bring new insights to understanding, explaining, and resolving conflicts. My premise is that conflicts are constructed and transformed through the discursive structures of stories, and without a story, there is no conflict. Stories both use and have a separate influence on conflicts. Thus, to manage professional conflicts constructively is to understand the storytelling process and how stories of conflict develop. The narrative approach seems especially suited to the study of temporal dimensions in human existence and, consequently, the development of conflicts over time. Within research on conflict and negotiation, few have attempted to use this narrative approach and explore its fruitfulness.

Research on conflict, conflict management, and negotiations, both in health care and in general, primarily use the cross-sectional survey design. These studies have focused somewhat narrowly on the relationship between a few variables or pairs of variables, such as individual predisposition, perceptions, tactics, roles, utility structure, expectations, intervention of third parties, and situational factors, with little attention given to the complexities of how the relationships interact to affect the achievement of agreement and conflict resolution (Argote & McGrath, 1993; Greenhalgh, 1987; Jehn, 1997). Much is related to laboratory and experiments, and until the 1990s, very little of the literature on negotiation focused on context (Pfeffer, 1997). Another criticism of the literature on conflict is that there is too much focus on "the issues" between parties and not enough recognition of how the emotional and social relationship between parties affects their conflict behavior styles (Nicotera, 1993). Thus, the need for approaches that are more naturalistic and the use of field

studies has been expressed by several authors (Argote & McGrath, 1993; Jehn, 1997; Nicotera, 1993; Svensson, 1996). Of particular importance is the need to study how conflicts develop over time and how participants' behavior shapes conflict development.

THE NARRATIVE APPROACH—THEORETICAL AND METHODOLOGICAL FRAMEWORK

In the narrative approach, the researcher explains conflicts as temporal and storied, as opposed to factual and time-specific. Instead of viewing conflict as resulting from a situation of dysfunction that can be set right (unmet needs; difference of interests, expectations, goals; misunderstandings), the researcher begins with the recognition of the existence of differences between people. Professionals differ not only in the real conditions, requirements, and opportunities of their work roles but also in the stories they draw on to make sense of these differences. Often, those stories compete or conflict with each other. Thus, a conflict can be understood as the inevitable result of the articulation of differences. In this discourse, relations of power are often laid down according to whose experience becomes privileged, and whose becomes excluded, in the dominant way of talking (Foucault, 1980). Furthermore, the narrative approach is not just referring to the storytelling that might occur in a conflict; the researcher attempts to see all events and social action as taking place within, and being shaped by, larger stories. Thus, a whole conflict process might be seen as a plot development into the story of a particular relationship, or social or institutional system, that endures through time.

Since first appearing in the late 1970s, the narrative concept has come to be used in a variety of ways in the health field, in particular with regard to understanding clinical practice and the experiences of health professionals (Dingwall, 1977; Griffiths & Hughes, 1994), the patient-physician interaction (Baruch, 1981; Clark & Mishler, 1992; Webb & Stimson, 1976), and the patient's experience of illness and suffering (Brock & Kleiber, 1994; Fredriksson & Eriksson, 2001; Hydén, 1997; Mishler, 1995). In organizational studies, the use of the narrative form as "tales of the field" (Van Maanen, 1995) became a legitimate topic in the same period but grew broader in the early 1990s to "accentuate the process of storytelling as the never-ending construction of meaning in organizations" (Czarniawska, 1998, p. 15). Narratives, or stories, are a natural form of organizational communication and mode of knowing and learning and thus a fruitful concept for examining and interpreting human action (Czarniawska, 1997; Kintsch, 1998; Sarbin, 1986). Narratives in organizations are nurtured by the employees' need to explain phenomena such as dilemmas, paradoxes, changes, tensions, and conflicts, and they are used to create order in human affairs. This involves story making, the basis for treating social action as literary texts, as is done within the narrative approach.

Three major traditions of thought relate to the narrative approach to the study of organizational phenomena (Czarniawska, 1998; Holstein & Gubrium, 1994; Moustakas, 1994; Symon & Cassell 1998):

1. Literary hermeneutics suggests that meaningful action is to be considered as a text (Ricoeur, 1981).

2. Phenomenology emphasizes the intentionality of human actions and the settings in which they make sense (Schütz, 1973).
3. Ethnography, as represented by the sociological schools of symbolic interactionism and ethnomethodology, emphasizes the extensive fieldwork encounter with the phenomenon.

In a particular narrative study, these traditions will influence the analysis to varying degrees, depending on the researchers own position and the field of study. However, in applying the narrative approach there is no common definition, method, technique, or mode of analysis (Denzin, 1994). In this study, I emphasize literary hermeneutics due to the similarity between a conflict and the story as a literary text. A recounted conflict develops into an oral story that shares the same characteristics as a written one.

THE NARRATIVE STRUCTURE OF STORIES

Various literary theories have been used in analyzing social action as texts (Cortazzi, 1993; Jensen, 1989; Kvale, 1996; Woiceshyn, 1997). I have chosen Ricoeur's (1981, 1991) approach due to his focus on the construction of stories as a primary form of mental representation and communication, and not just on the importance and impact of stories. Ricoeur's perspective emphasizes the following dimensions as constituting a story: *mimesis*, emplotment, and concordance versus discordance and characters.

Ricoeur, elaborating on Aristotle, claimed that a story is constructed by *mimesis* and emplotment. *Mimesis* represents cognitive "imitations" of events and incidents in actual life, and emplotment is a dynamic linking process whereby a succession of events, multiple incidents, and heterogeneous elements are transformed into a unified story. A story imitates life by configuring the succession of actions and events into a plot—a meaningful, coherent picture. This is not possible without an internal coherence in the plot, something Ricoeur called *concordance*. The plot's concordance is made up of events having a beginning, midpoint, and end, thereby giving the story wholeness. At the same time, however, all plots are characterized by insufficient or lack of coherence in the succession of events (its discordance). This discordance threatens to break up the logic of the story or make it a poor plot by just recounting events that are not tied together. Therefore, a plot is simultaneously both concordant and discordant, a paradox, or resistance, in all stories that Ricoeur called *discordant concordance*. However, the plot ultimately represents the triumph of concordance over discordance.

Ricoeur argued for a relationship of dynamic circularity between life and narrative and claimed that, in the widest sense, our oral and written stories feed into life and the world of narratives into which we are born. According to Ricoeur, stories about life events and human action are constructed and transformed through the three levels of *mimesis*.

Mimesis I (M I), or prefiguration, refers to three things:

- The innate capacity in the reader/listener to use a network of conceptual terms ("language") regarding human action that separate it from mere physical movement. Command over this network represents a type of practical understanding that knows the

way the terms in this network mutually specify one another. Principal among these terms are actions, goals, motives, and agents.

- The action is already symbolically mediated. This refers to the fact that the cultural context of action invests these actions with a preliminary set of meanings (*preconception*) before any secondary attempt to articulate its meanings through saying something about it or inviting something about it.
- Prefiguration of action: the understanding that human action has built-in temporal structures. In other words, action knows itself as belonging to a "now," a "before," and an "after."

Mimesis II (M II), or configuration, is the level of coherent stories and involves the operation of emplotment or configuration in narrative. Ricoeur called the temporal organization of a story *configuration*. The term *emplotment*, rather than simply plot or intrigue, stresses the dynamic quality of the operation. This mimesis transforms events and incidents into stories by creating plots, drawing a configuration—a coherent picture—out of episodic events. This is an act of productive imagination rather than reproductive imaginations, as is the case when copying something. It acts as the crucial pivot between our precomprehension of human actions in M I and the transfigured understanding of time and reality that may come as the story is communicated to mimesis III.

Mimesis III (M III), or the process of refiguration, involves one's own reflection and retelling of stories to others, which creates new figuration of life and actions. In the same way that a story "imitates" our lives, it also has the power to transform them. Mimesis III is released through listening to or reading the story. In the meeting between the set of meanings proposed in the story and the life-world of the readers/listeners lies the possibility of the listener's world's being experienced in new ways. Hence, these new experiences offer new possibilities for action.

The telling of a story to a listener, for example a researcher, about life in a hospital refers to all three mimeses. It is composed of incidents, events, and experiences in "real life" (M I) filtered through language and cultural preconceptions. Through the storytelling process (M II), it is given a narrative structure resulting in a story that makes sense to the storyteller. In the responses of a listener, new figuration takes place (M III), which either corrects the story or confirms it as being "true."

RESEARCH QUESTIONS

The following research applies the aforementioned framework as a way of understanding and explaining conflicts between professionals in a hospital. The purpose of this study is, ultimately, to contribute to the development of adequate and practical approaches to conflict management in such settings. To do so, it is necessary to understand more fully how professionals go about resolving their disagreements and conflicts. Storytelling is one way that has not been recognized. If it is possible to understand conflicts meaningfully in terms of a storytelling process, which implies defining conflict as narrative structures, what does the narrative approach add to our understanding and explanation of conflicts? What are the implications of a narrative understanding of conflicts for managing conflicts?

MATERIAL AND METHOD

Data presented in this article come from my ethnographic study of professional cooperation and conflict management in a general hospital. Over a period of 3 years, from 1996 through 1998, the material was gathered through interviews, observations, and existing documents that were made available.

The study was carried out at a middle-sized city hospital in Norway serving a catchment area of approximately 100,000 people and providing treatment services in the areas of general surgery, internal medicine, and psychiatry. In addition to inpatient treatment, the hospital offers a number of outpatient services.

Within this case, 101 conflict stories were collected and reconstructed. In reconstructing these stories, I functioned both as a "narrative finder" and a "narrative creator" (Kvale, 1996), using a triangulation strategy consisting of interviewing, observation, and collection of written materials. Through collecting and comparing a large number of stories, efforts were made to achieve validation (Cortazzi, 1993).

Fifty-six individuals representing various professional backgrounds were interviewed regarding their experiences and reflections on professional cooperation and ways of handling disagreements and conflicts.

I made observations in the surgical ward over a period of 6 months. Afterward, ongoing conflicts were followed up through serial interviews with participants. Available documents included letters from participants, minutes from staff meetings, and protocols from negotiations related to conflicts.

All interviews and field notes were fully transcribed, and the software package NUD*IST (version 4) was used to identify and code the stories for analytic purposes. The material providing the background for this study is the transcribed text of the 101 stories. The texts vary from thin descriptions of 10 lines stating the actors and the theme, and having a beginning, culmination, and end of the story, to thick descriptions of 1,500 lines involving a number of characters or groups. The average story length is 120 lines.

Story A: One out of 101 Conflict Stories

One representative conflict story, labeled Story A, was selected from the 101 conflict stories because it illustrates important common aspects resulting from a narrative analysis of the other 100 conflict stories. Furthermore, this conflict manifested itself early during my fieldwork and provided me an opportunity to follow the storytelling process of a conflict to its conclusion. Story A tells of a conflict between a ward nurse (WN) and the assistant ward nurse (AWN) regarding the content of the latter's role. The story came to my attention through interviewing the head nurse (HN) as part of the research project. The HN said early in the interview,

The easiest for me is to talk about my experiences by way of an event that happened the other day. However, to do that I have to tell you about the situation and how it all started. A conflict is not one single incident, but a process with a series of incidents. Thus, it is very difficult to reduce a conflict to one eliciting event.

Later, I arranged interviews with the two principals, WN and AWN, in addition to the top-echelon leaders who later took over the conflict process. The conflict was followed up through serial interviews with all participants until the end, 2½ years later. I retold the conflict story, but the story versions were approved by the two principals.

The HN continued:

There is a conflict between a ward nurse and his assistant ward nurse regarding the content of her role as an assistant ward nurse. They have different expectations of each other. The assistant has a restricted understanding of her duties, and I find her viewpoints inflexible, mainly due to her personality. She did a great job for several years, until the after-effects of an accident started to affect her health and, subsequently, her work performance. I suggested she could take on another, less stressful, position in the hospital, but she declined, because she found her experience as assistant nurse position professionally fulfilling. Instead, she wanted a change in her work conditions, to make it less stressful, and she asked to be exempted from the weekend shift, which is required of all AWNs. After checking with top management, I told her she had to make a formal application, including a doctor's recommendation. When I brought this up with her, she reacted with very strong negative feelings, saying that she understood this as a rejection of her, that she was disappointed with the hospital, and that perhaps they did not want her as an employee. She also questioned being treated in this way, given the "values of the hospital" and everything she had done for the hospital.

The WN tells in his interview of problems in sharing administrative tasks with the AWN during the past year:

We have very different interpretations of her job description. Her interpretation of her management duties is that she is supposed to fill in for me when I am away or on vacation, whereas I understand that I can delegate administrative tasks to her and share the managerial duties. I have had no luck in discussing these issues with her. In addition, she wants to do only nursing supervision, and she tends to overdo this by helping out the nurses she is supervising. Finally, she asked to be exempted from the required weekend shift rotation, it was too physically demanding.

The AWN presented in her interview that this conflict started when, while filling in for the WN during his summer vacation and feeling very stressed, she met the HN of the department in the hallway and he asked how she was doing. She voiced her frustration about work and the working relationship with the WN and, among several things, questioned the WN's competence. She understands that the HN is critical of her being so direct and that he does not share her perception that she is doing more than the other AWNs do.

After the summer vacation, the WN initiated talks with the HN and AWN about her functioning. After three meetings, the AWN withdrew from the talks in tears, experiencing that her viewpoints were not met and that the problems causing her fatigue were not addressed: "I did not get my viewpoints across, they did not take me seriously and they did not give any attention to my experience. There was no room for my feelings; they knew what was best for me." The WN explained why the talks failed:

To meet her demands would reduce the overall management capacity of the ward, and it would have been a precedent for the other assistant ward nurses. I felt her

understanding of the assistant nurse position was nurtured by a fear of assistant ward nurse's becoming too much of an "office-nurse," a stance supported by the forum of assistant ward nurses at the hospital.

Later, the AWN went on sick leave for 2 months, then came back in a half-time position, still wanting to continue as AWN but without the weekend shift. New talks with the WN got them nowhere. This time, the WN initiated a meeting with the HN, the leader of the office of employee health services, and the personnel director to discuss the issues. The AWN wanted to reduce her position by 10% based on an approved medical disability, in addition to dropping the weekend shift rotation, as an individual adjustment based on her rights according to the Law of Work Environment. This argument was prepared and supported by the Employee Health Services. The AWN claimed that she deserved this not only according to her legal rights but "also because of everything she had sacrificed for the hospital."

Several meetings later, there was still no progression in the discussion. According to the AWN, this was because "there was hardly any room for my experience and viewpoints." It was agreed that the parties write their separate reports addressed to the hospital director and leave the decision to top management. The AWN supported this, as she believed the hospital director would have a better grasp on the values at stake than her immediate superiors did.

The director then met with all parties, including union representatives of the nurse association, who were now involved. In trying to work out a solution, he met with the AWN separately four times. In a formal meeting with all parties gathered, the director announced that he was not able to meet the AWN's demands and that she had to be moved to another ward. This was a shock to the AWN, who returned to her ward crying and saying the hospital was betraying its own values. She accused the hospital director of being hard-hearted and of scapegoating her for the problems. Thereafter, the AWN went on sick leave for several months.

In a subsequent interview, the hospital director presented the conflict as an impossible demand on the part of the AWN in terms of changing the work rotation. It had ended up on the director's table because lower-level management was not able to solve the issues.

In an interview, the WN continued:

The next day, when I informed my staff about the situation, I am heavily criticized for my behavior and that "I used AWN's health problems to get rid of her." Fellow nurses came to me and asked, "Is it really true that you wanted to get rid of her because she didn't do a good job?" It was painful for me to realize that staff experienced having lost a valuable colleague and that I had initiated that process. At a staff meeting later on, I presented all my arguments about the shortcomings of her functioning as an assistant ward nurse and saying that the real issue was her health problems, resulting in sick leaves, absenteeism, and poor functioning in her management role, and not the weekend rotation.

Nurses from the ward sent letters to the director criticizing the decision. Employee Health Services protested, and the union threatened to take the case to the Authority of Work Environment and the Labor Court. The hospital top management claimed that what was done here was within their leadership jurisdiction, and they involved a lawyer from their employers' association.

In the following period, the AWN was on and off work due to her health problems. The hospital management suggested different placements at various ward units, all rejected because of they were ordinary nursing and not assistant nurse positions. Time went by, and the relationship between the lawyers was strained, resulting in problems in arranging and frequent postponements of meetings. There was a new impetus when the Work Environment Authorities asked for a report on the case's progress. The hospital now was able to come up with a new position at an outpatient clinic that the AWN was willing to accept. At this point, it turned out that she was pregnant and was personally eager to end the conflict.

FINDINGS

Conflicts as Narrative Structures

A conflict, by the act of telling, is presented in a narrative form. The events are sequenced according to some causal logic (plot) that establishes roles for persons (characters), creates action, and leads to a value-laden outcome. The plot expresses more or less explicitly a theme, usually about breaking a value, norm, or rule, which makes a foundation for further developing the story. Within a story, there are substories, which include other minor happenings that fit, or are made to fit, into the main story to strengthen the plot. One such important substory might be the prehistory of the conflict and its precursor.

Story A presents the conflict between an assistant nurse and her leaders and is related to her work conditions. She does this by telling a sequence of events, describing the roles all participants played, and constructing a moral framework in which her superiors, and later hospital leadership, deny the caring values of the hospital by denying her requests and feelings. At the same time, her superiors tell another story, about a nurse who is asking for changes in her work conditions that might have serious negative precedents for other nurses in similar positions and who is making demands far beyond what she is entitled to and deserves. They build an alternative moral framework in their story; in spite of their belief that she is asking too much, they take care of her by removing her from a position that is too physically demanding.

The two storied versions of Story A are constructed both conjointly, in meetings with each other, and separately, in the telling to other listeners. As a narrative structure, each version of the conflict operates as a system, having a narrative wholeness and functioning as an interactive system: Changes in plot generate changes in logic and in the interaction between characters both in the story world and in the material world. Stories regulate their own meaning and close off for alternative interpretations. The fact that conflict stories have "closure" can contribute to escalation, because one story easily precludes others. The long-lasting negotiation process of Story A could be understood as an expression of this. The two storied versions of the conflict have divergent emplotments that keep diverging as the parties seek support for their own version and strive to avoid possible changes in the emplotment that can lead to a convergence of the versions.

Divergence and Convergence of Plots

A conflict story is characterized foremost by differences in the version of the plot and not in the plot line with its beginning and end. In Story A, both the nurse and her leaders refer to the same eliciting events, even though they have different versions of the precursors and antecedent conditions. The most salient difference between the two stories is in the emplotment. Each party builds a moral order in the plot in which the other's behavior is a violation of an important value, principle, or rule and, accordingly, is labeled right or wrong, professionally or ethically. For the nurse, it is built around caring values related to herself and the foundation of the hospital; for her leaders, the values at stake are related to organizational rationality and their responsibility for securing sufficient administrative capacity in the hospital and avoiding creating precedents that could erode the management structure.

The beginning of a conflict story can provide a rationale for the actor as to why the storytelling process started in the first place. Somewhere in the story, the antagonism between the parties culminates. The plot line of the story is organized around this point of culmination and not necessarily the beginning, thus dividing the story into two parts. The first part of the story leads up to the point of return (action); the other part points to it (reaction). The first point of culmination (there are several over the 2½ years it lasted) is the meeting between the nurse and her two immediate superiors where she experienced that her feelings were not taken care of and where she ended the meeting in tears. The development of the plot line that unfolds the story over time proceeds by sequencing the events according to this point of culmination while building an interpretative framework. The head nurse and ward nurse tell a sequence of events that involve the nurse's failing to do required duties, restricting her work role inappropriately, and failing to function adequately due to health problems. At the same time, a story regulating the interpretation of these events is constructed. As leaders, it is their responsibility to set the boundaries for subordinates. The nurse wants a change in her work conditions that is not beneficial to the hospital. She does not understand this, and as leaders, they have to do the necessary but unpleasant job of settling the problem. Whereas the plot line follows a linear perspective, the interpretative framework of the emplotment is structured hierarchically, relating the typical or specific in the present story to more general aspects.

Any version of a conflict contains the other version(s) to a certain extent and has room for it, but in the end rejects it. However, to have a conflict, parties must have different versions of the conflict, which can overlap to a certain point before they start diverging. Without an unacceptable divergence in the emplotment as perceived by at least one of the parties, there is no conflict (Figure 1). Extreme divergence leads to intractable conflicts, where the versions as narrative systems are closed in relation to each other. When a conflict becomes manifest, there is a pressing need on the part of the participants to explain and defend any emotional reaction or disruptions caused by the manifestation. The presentation of divergent stories seems to fill such a function. At the same time, the participants have a need to reach an outcome of the conflict according to their wishes. Thus, the parties often choose, and use, a perspective that maximizes the discrepancy between what is and what is wished. To strengthen one's position and the chosen perspective, it is

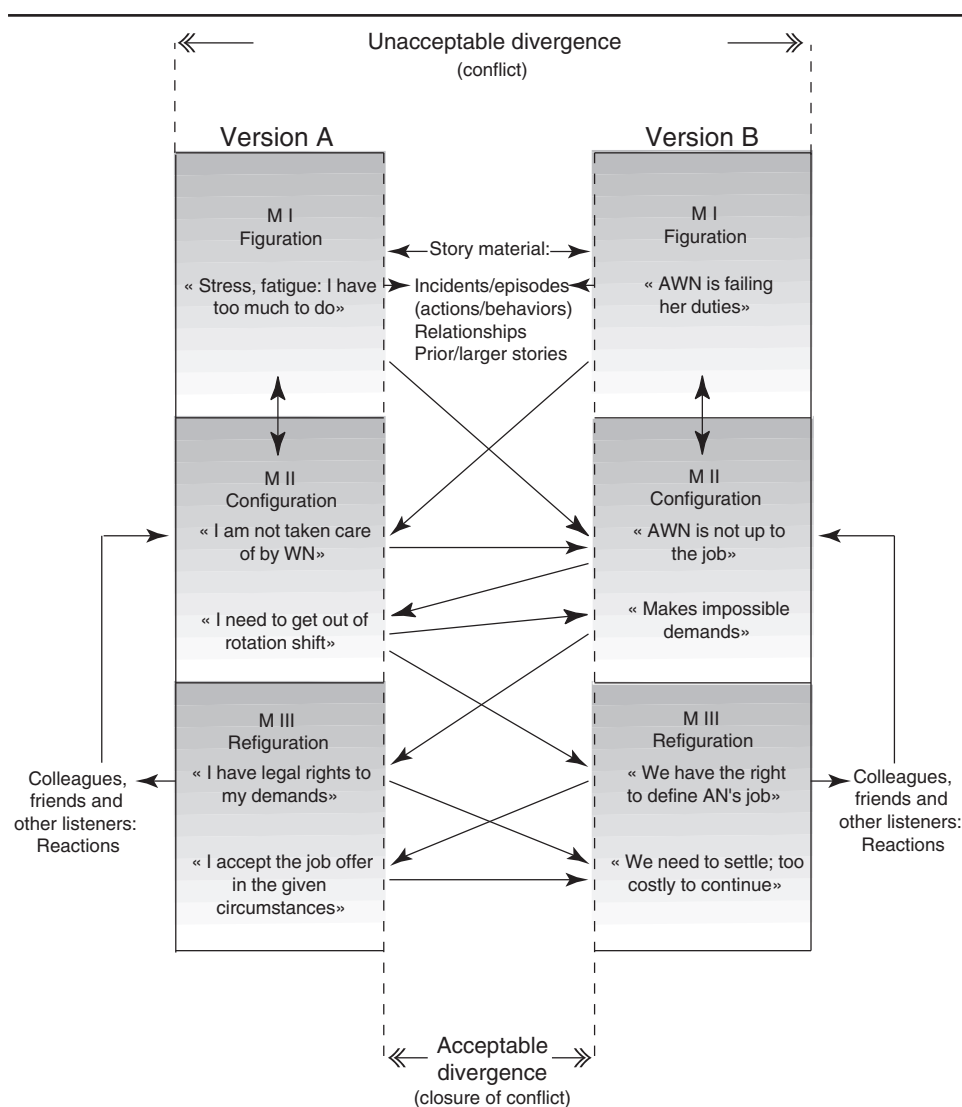


FIGURE 1: Visual Presentation of Mimesis and Plot Versions in a Conflict Story, Exemplified With Reference to Story A.

NOTE: Text in quotation marks, version A referring to AWN and version B to WN. Single arrows indicate flow of story development.

possible to use a typical or larger story in addition to one's own more specific story. Such a typical story must be able to incorporate the actual story as a concrete and believable expression of the typical story. Thus, a conflict story requires both typical (general) traits and concrete and personal ones. In Story A, the nurse makes a connection between the neglect of her personal needs as an expression of a typical story and the caring values that her leaders are not emulating. Her leaders base their reasoning regarding her work situation on issues of organizational rationality as related to administrative capacity and setting precedents.

Stories as Part of Larger Organizational Stories

The conflict stories take place within existing larger stories embedded in the history and culture of the hospital and the wider professional and health political context in which the organization belongs. Thus, the storytelling professional is "tangled up in stories" that were created at an earlier time before any conflict story is recounted. This entanglement then appears as the prehistory, or context, of the conflict story, the use of which is chosen by the storyteller (M I). These larger stories can be used differently by a storyteller and can serve different functions in relation to an actual conflict story. In many ways, they serve as a precondition for the conflict. In Story A, the nurse and her superiors all refer to such larger stories. The nurse connects her story to the larger one about "the caring values of the hospital," which had been stressed heavily over the past years and has involved hospital-wide discussions, which eventually materialized into a "value-brochure." Her superiors use another larger, more hidden, story, which revolves around the "future development of the assistant nurse manager." Because it is impossible to tell an audience a story it does not wish to hear, choosing an existing and legitimate larger story increases the likelihood of the event's being of interest and thus being heard. In addition to providing the legitimacy for telling another, smaller, story, the larger story can also provide the norms, justification, and selection of arguments used in the smaller one.

In the early phase of a storytelling process, the prehistory of the story is what connects it to a vaster whole and gives it a background. This is a function served by the larger stories. For a professional, it is a major step to go from an experience of a difficult disagreement in M I to "naming" such a difficult disagreement and becoming involved in an open storytelling process that includes the adversary, in M III. Intuitively, participants know that their story version has to fit into a larger important story to deserve attention and time. Some of these larger stories in the institutional context of health care organizations are related to the professional unions' feuds over territoriality, the struggle between physicians and nurses regarding leadership positions, the breakdown of the physician authority and its consequences for health care, internal structuring of hospitals and their units, the use of "primary nursing," gender relations, and other factors. These stories are told in the news media, in the educational training settings of professionals, and through the hospital/professional grapevine.

Characters

It is the individuals who construct the emplotment of a story and who present or express divergent versions of what has happened or is happening. Without actual persons opposing each other, there seems to be no development of a conflict story, only verbal expressions of problems, differences of opinion, complaints, grievance, or grudges. The importance of the individuals and their characterizations of what has taken place in the development of a story is quite obvious in Story A. From early onset, the nurse is characterized by her superiors as inflexible, whereas she characterizes her superiors as uncaring. Over time, the characterizations become more extreme; in her superiors' eyes, she turns from being inflexible to stubborn, whereas she experiences her superiors as changing from uncaring to lacking in integrity. Characterization of individuals in a conflict story seems to be inevitable and can contribute to escalation of the conflict.

Struggling for the Dominant Version of the Conflict Story

The storied versions of a conflict are rarely on the same level and rarely have the same status: One has more influence than the other. This is because the parties vary in their ability to position themselves in the story, to make a convincing story, and to muster support from important others. In Story A, the nurse first positions herself as having been denied benefits anchored in the values of the hospital. Later, this turns into being denied legal rights. On the other hand, her superiors position themselves as responsible leaders protecting the well-being of the hospital. As such, their stories are built around very different positions—a managerial position versus a moral one—with different interpretative perspectives.

The struggle for the dominant version of the conflict story may explain the escalation of the conflict in Story A to the personnel director, then to the hospital director, and finally to the union lawyers. Even though in the course of the conflict there are many efforts to bridge the versions, diminish the divergence, and end the conflict, each initiative results in escalation to a higher hierarchical level. This could be understood in terms of Story A's developing through a series of unfinished, shorter stories, where the plot is incomplete, where there is no ending, and where there is a call for a continuation of the storytelling to achieve closure. This series of stories might have resulted because there has not been sufficient effort on the part of the participants to converge their versions or there has been excessive use of "power," threatening to marginalize the AWN's alternative version. For her part, the AWN has been able to withstand this by retelling her version to new listeners and potential allies, and thus continue the storytelling. This points to the importance of the ending of a story and its impact on the storytelling processes in a conflict situation. Ending gives meaning and orientation to a story, and makes it possible to arrange events in a particular order. The ending of a conflict is crucial to achieving closure of the story. In a process of conflict development, the perceived ending or closure of a conflict is a major determinant of participants' behavior. This points to the danger of either premature or too strong closure, or, on the other hand, lack of or weak closure.

Escalation of a conflict, as exemplified in Story A, requires a rewriting of the story: The story often becomes more complete, more sophisticated, more legitimate in its reasoning, and more condensed. New events or new actors bring in new information and reasoning, which must be integrated. In Story A, there is a definite turn of the story when union representatives and the top echelon of the hospital enter. The principal aspects of the conflict are now more emphasized and developed. Finally, when lawyers take over, the story becomes a legal case and is retold according to a legal rationality.

In developing their storied versions, parties tell and retell their stories primarily to listeners who are taken for granted as being sympathetic or supportive of the teller: friends, old or close colleagues, union representatives, or others. This is definitely an advantage in terms of developing a strong story from the point of view of one party, but not when it comes to developing a version that would include as much as possible of the other party's version. This splitting of the audiences can account for a large portion of the discrepancies found in the divergent story versions of a conflict. Story A demonstrates that a major way of strengthening a story is through formation of alliances with more powerful actors, such as unions or higher-level leadership. The choice of discourse is related to the formation of alliances, and vice versa. Support for a story requires, to a large extent, that the persons making up

the alliances share and use the same discourse. When that is not the case, there may be a change in the use of discourse or a search for new alliances. In Story A, the nurse begins by using a nursing discourse, which later changes into a legal one due to the presence of unions and lawyers, requiring another framing of the story. Their value as an alliance is foremost in their story-making power related to work regulations and law.

DISCUSSION

Storytelling in conflicts seems to provide a way to give structure and meaning to the experience. Through constructing a story, a person seems to cope better and to be better able to handle the stress and challenge of sense making, which comes with a conflict. All conflict stories share the same narrative structures, such as emplotment, temporal development, diversions of plots, characterization of participants, struggle for the dominant story version, and the impact of larger stories. These concepts provide a language for working with conflicts closer to participants' life world than other approaches allow. Given that a major challenge in managing conflicts is related to communication and the use of language, the narrative approach might provide new avenues in this respect.

The narrative structure of a story is, above all, found in the emplotment, the act of drawing together heterogeneous events, behaviors, actions, persons, and levels of temporality, resulting in a coherent whole—a plot. The plot signifies what is to be understood as a beginning and a development, and is an effort on the part of the storyteller to present actions and events, and their succession, as an expression of intentions or pointing to a purpose. To do this, the plot has to overcome resistance and problems in accomplishing such a construction (disconcordance). This holds for all stories but is especially true for conflict stories, where the persons bring in additional resistance in terms of differences in interests and goals. Unlike the ordinary story, where the key to the plot is in the beginning and end, in conflict stories, the key to the plot might be in its organization as an antagonism between actors with different interests and pursuing different purposes. Thus, arguments and stories are often integrated, so that stories work as arguments and arguments develop into stories. A conflict story, therefore, is characterized foremost by differences in the version of the plot, and not the beginning, the characters, or their development. It follows from this that the persuasive character of the plot-versions can vary and that the ability to craft a good plot gives power in terms of defining reality and providing the "factual explanation." The importance of the plot is also seen in the tight bond between plot and character. Character emerges in the plots, which are made out of recounted events, and variations in the character are wholly dependent on developments in the plot.

Within a narrative perspective, a conflict can be understood as a story that, when told, creates an adversarial situation in which one or more persons are positioned in a negative manner. This reduces the party's access to the storytelling process of the opponent, and it opens the possibility of a struggle to gain the dominant story version that claims to provide the "factual" explanation. If it is not possible to align or reconcile the divergent story versions of the conflict or develop a new joint version, this can lead to one party's story's becoming marginalized, disbelieved, or silenced. As such, a conflict story runs the risk of never coming to an end if no effort

is made to cause the story versions to sufficiently converge. This creates a potential for continuing the storytelling and thus the conflict unless both parties can incorporate such an unfinished story as part of their version.

An important contribution of the narrative approach to the field of conflict management is in its emphasizing the story of a conflict as an integral part of the conflict. Conflict management approaches inspired by research from a positivistic tradition often suffer from a bias of looking beyond the story to the real issues and treat the stories as anecdotes. Within a narrative paradigm, however, the parties' stories are not considered anecdotes standing in the way of the real issues and arguments but are an important part of it. Conflicts create stories, and stories influence the conflict. However, this does not mean that "real issues" or "facts" are irrelevant to a narrative understanding of a conflict, or that any story can function as a substitute for "truth" or "what actually happened" when that is central to a conflict. Merely, within the narrative paradigm, there is no clear difference between fact and fiction. Both history as "true" and story as "fiction" share a common narrative structure according to Ricoeur (1981, 1984, 1991). Thus, a conflict story is an effort on the part of a storyteller to describe the experienced reality with the purpose of making the person's life and work situation meaningful.

There are several implications of the narrative approach to handling conflicts between professionals. By emphasizing the constructive features of conflict, this approach points out several opportunities to influence the development of a conflict. The main opportunity seems to be in enhancing the converging lines of story development by working in the story making process that takes place as an interchange between M II and M III.

The participants' divergent storied versions result from different emplotments. However, any emplotment is a construction that is threatened by its discordance: that is, everything that has been dismissed, revised, narrowed, or reorganized to make a convincing case for what the party believes he/she is entitled to. This very discordance opens up the possibility of either developing the existing plots or making new ones, if necessary, to manage the conflict. To achieve convergence, the stories might have to open up and the emplotments might have to be loosened to have the endings of the versions point more toward each other. An important step in this direction is to look for communalities in the parties' storied versions or hidden possibilities of new themes. In the end, the versions might not need to overlap, but each has to be able to have space for larger, important parts of the opponent's story. What is most important if the parties are to put a conflict behind is to be able to live with whatever differences the versions contain in the end.

A conflict story is framed or fitted in with other stories in the organization and larger stories in the institutional environment. Knowing which of these cultural and historical stories that is drawn on in a particular conflict story can not only contribute to understanding the plot development of a conflict story, it can also provide ideas on how to change the development course.

Because stories are developed in interaction with other people, a conflict is open to influence through listening and dialogue. A story develops and changes in meetings and retelling to others. Ordinarily, storytellers pick their listeners according to who might provide support and alliances, and listeners usually respond to meet such expectations. However, this represents an opportunity for listeners, whether colleagues, opponents, or mediators, to contribute to the development of the conflict story and not just to confirm it. A particular challenge is to arrange for the

storytelling to take place in social arenas or to construct such arenas when lacking that include the opponent parties. Furthermore, because any change in the storytelling process has a potential for changing the conflict, a particular challenge is to be able to introduce new resources, punctuations, or alternative perspectives to encourage adequate convergence of the storied versions. This requires the encouragement and use of creativity to minimize any disconcordance that might arise in connecting such new elements to an existing story.

It seems impossible to avoid characterization in a conflict story; nevertheless, this may be important to transcend. The very personification of conflicts that comes with the storytelling process might provide a considerable hindrance when it comes to working out more converging versions. Rewriting the story's plot into a quasi-plot—a plot without persons—might be an alternative option. A quasi-plot might be more or less “good,” but what is important is to what extent the parties will accept a quasi-plot as a substitution for their own plots. The development of a quasi-plot will depend on the participants' intellectual and creative abilities to lift the plot to a more abstract level. Instead of telling the story in relation to persons, the story is depersonalized and made more abstract, and the personal is substituted with values, culture, and structures. In this way, the story is made more cognitive and rational because the emotional and personal is downplayed or neutralized.

The narrative approach can also contribute to our understanding of the role of power in conflicts. The ability to craft and tell a “good” story gives power and increases the chance of the story version's being perceived by others as the one most “true,” “fair,” “professional,” or “ethical.” To a large degree, such a value judgment is an outcome of the type of discourse use by a storyteller and his or her ability to fit the concrete events and behaviors into the embedded rationality or logic of the chosen discourse. In a hospital, there are at least four major types of discourses available: organizational/managerial, biomedical, nursing, and ethical. Using the proper discourse or mix of discourses, with accompanying catching rhetoric, is a major determinant for making a convincing story and, thus, accumulating power.

Because conflicts are expressions of what is not fitting together, it is difficult to make theories out of conflict. Every conflict has idiosyncratic aspects that are important in terms of understanding the process and development of this particular conflict. Thus, any theory about conflict is useful only to the extent that such a “larger story of conflicts” contributes to a more constructive storytelling process among the participants in a given conflict. In this respect, a narrative approach can have a useful function in sensitizing managers, professionals, and mediators to the importance of language and, thus, of translating existing theories and concepts-in-use into the storied world of the participants. This might be more important in hospitals than in other types of organizations, as hospitals are characterized by “negotiated order” and thus are extra susceptible to the stories professionals use when they “negotiate” the order and meaningfulness of their workday.

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Morten Skjørshammer, Dr.P.H., M.A. is a research associate at Diakonhjemmet Hospital, Oslo, Norway.