

Integrating Alternative Dispute Resolution (ADR) into Hospital Policy: A Framework for Nursing Service Managers in South Africa

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Abstract

Conflict and disciplinary issues are inevitable within complex healthcare environments. In South Africa, nursing service managers (NSMs) play a central role in ensuring fair, timely, and constructive resolution of workplace disputes. Although formal disciplinary procedures are established in legislation, these processes are often adversarial, lengthy, and damaging to professional relationships. Alternative Dispute Resolution (ADR) offers a more collaborative and restorative approach. This study explores the integration of ADR into hospital policy, focusing on its relevance, feasibility, and implications for nursing service management in South Africa. Using a mixed conceptual and practice-oriented analysis, this paper proposes a practical framework for NSMs to institutionalise mediation, negotiation, and restorative dialogue within disciplinary processes. The paper concludes that ADR can strengthen organisational cohesion, reduce litigation costs, and enhance nurse morale when properly embedded into hospital systems.

1. Introduction

The South African healthcare system continues to experience intense demands, workforce shortages, and escalating conflict among health professionals [1]. Nursing service managers (NSMs), as frontline leaders, routinely navigate staff disputes, misconduct cases, and interpersonal tensions. Traditional disciplinary processes guided by the Labour Relations Act (LRA) 66 of 1995 rely heavily on formal hearings that are often adversarial, punitive, and time-consuming [2]. These processes may unintentionally heighten conflict, reduce trust, and negatively affect staff morale. Alternative Dispute Resolution (ADR), including mediation, negotiation, facilitated dialogue, and restorative practices, has gained international recognition for its capacity to resolve workplace conflict constructively and efficiently [3,4]. Despite its benefits, ADR remains underutilised in South African hospital settings [5]. Integrating ADR into hospital policy could empower NSMs to manage conflict consistently, promote organisational justice, and reduce reliance on formal disciplinary procedures. This study examines how ADR can be incorporated into hospital policy and proposes a structured framework tailored for NSMs in South Africa.

2. Background and Context

2.1. Conflict and Discipline in Nursing Practice

Nursing teams often operate under high-pressure conditions, which increase the likelihood of interpersonal conflict and professional misconduct [6]. When unmanaged, conflict contributes to burnout, absenteeism, and reduced quality of care [7]. Traditional disciplinary methods typically focus on blame and punishment rather than problem-solving [2].

2.2. ADR in Healthcare Globally

Globally, ADR is widely used in health systems to manage employment disputes, malpractice claims, and ethical disagreements [4,8]. Studies show that mediation in clinical environments fosters collaboration, maintains professional relationships, and leads to faster case resolution [3].

2.3. The South African Legal and Policy Framework

The Labour Relations Act (LRA) encourages employers to resolve disputes quickly and fairly, promoting mediation and conciliation as first-line mechanisms (Commission for Conciliation, Mediation and Arbitration [9]). However, most hospitals lack internal ADR

structures, leaving NSMs heavily dependent on formal hearings or external arbitration [5]. The absence of explicit hospital-level ADR policies restricts managers' ability to intervene early and constructively.

3. Problem Statement

Despite the legal encouragement for informal dispute resolution, South African hospitals have not systematically integrated ADR into disciplinary policy. NSMs often lack training, guidance, and institutional support to use ADR effectively. This gap leads to unnecessary escalation of disputes, strained professional relationships, and delays in labour processes.

4. Purpose of the Study

The purpose of this study is to develop a robust, practical, and contextually appropriate framework for integrating ADR into hospital disciplinary policy, assisting NSMs in managing conflict constructively and efficiently.

5. Objectives

1. To analyse the relevance of ADR within South African nursing management.
2. To identify barriers and facilitators to incorporating ADR into hospital policies.
3. To develop a practical framework NSMs can use to embed ADR within disciplinary processes.

6. Conceptual Framework

The study draws on Organisational Justice Theory, which emphasises fairness in processes and interactions [10]. ADR aligns with procedural and interactional justice principles by promoting transparency, participation, and respectful communication. Restorative justice concepts also inform the framework by focusing on repairing harm and restoring trust [11].

7. Methodology

This paper uses a conceptual and practice-oriented analysis, synthesising findings from:

- South African labour legislation,
- nursing leadership literature,
- ADR scholarship, and
- documented case studies of ADR use in healthcare (e.g., Canada, UK, and Australia).

The goal is to generate a theoretically grounded yet practical framework relevant to NSMs.

8. Findings and Discussion

8.1. Benefits of Integrating ADR for Nursing Service Managers

8.1.1. Promotes Early Conflict Resolution: ADR allows NSMs to intervene before issues escalate into misconduct charges [3].

8.1.2. Strengthens Professional Relationships: Mediation fosters empathy and communication, which is crucial for team cohesion [4].

8.1.3. Enhances Organisational Justice: Fair and transparent processes improve trust in management and reduce grievances [10].

8.1.4. Reduces Litigation and Arbitration Costs: ADR decreases reliance on formal hearings, saving hospital resources [9].

8.2. Barriers to ADR Integration in South African Hospitals

8.2.1. Limited Managerial Training: NSMs often lack formal ADR training [5].

8.2.2. Cultural Resistance: South African workplaces may perceive discipline as punitive rather than restorative.

8.2.3. Policy Gaps: Most hospital policies do not explicitly reference mediation or restorative dialogue.

8.2.4. Workload and Resource Constraints: High workloads limit NSMs' capacity to conduct ADR sessions.

8.3. Facilitators for Successful ADR Implementation

8.3.1. Supportive Legislation: The LRA already encourages informal conflict resolution [9].

8.3.2. Professional Regulatory Bodies: The South African Nursing Council (SANC) supports fair, progressive discipline.

8.3.3. Organisational Need for Efficiency: Hospitals seek alternatives to lengthy formal hearings.

9. Proposed Framework for Integrating ADR Into Hospital Policy The framework below offers a structured approach for NSMs.

9.1. Policy Development Components

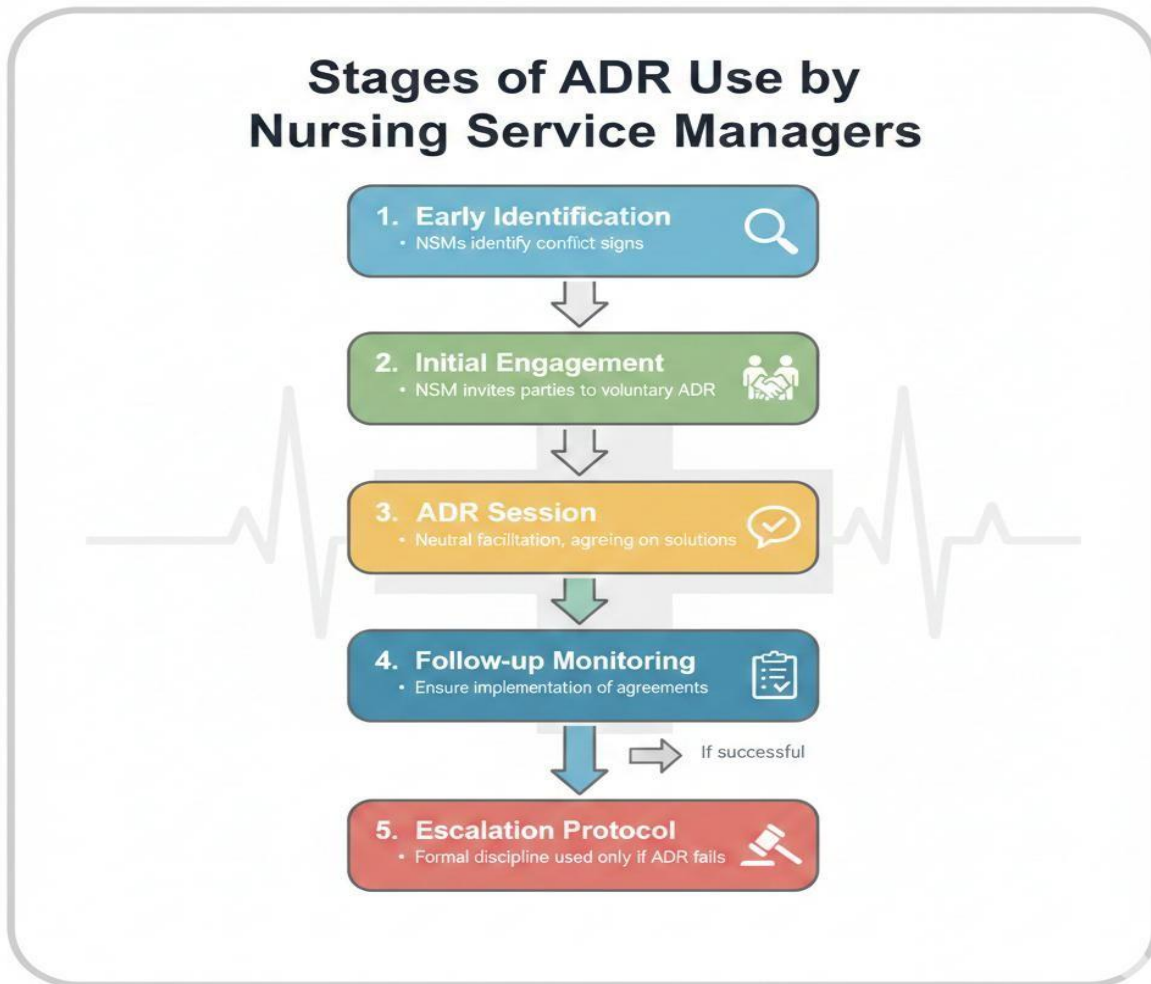
- **Policy Statement** – Affirms commitment to early, fair, and collaborative resolution of workplace disputes.
- **Scope and Applicability** – Applies to all nursing staff and covers interpersonal conflict, performance issues, and minor misconduct.
- **ADR Procedures** – Includes:

Informal negotiation
Manager-led mediation
Peer mediation

Restorative dialogue meetings

- **Stages of ADR Use** –
- Early Identification – NSMs identify conflict signs.
- Initial Engagement – NSM invites parties to voluntary ADR.
- ADR Session – neutral facilitation, agreeing on solutions.
- Follow-up Monitoring – ensure implementation of agreements.
- Escalation Protocol – formal discipline used only if ADR fails.

Stages of ADR Use by Nursing Service Managers



Roles and Responsibilities – NSMs as facilitators; HR oversight; SANC guideline integration.

Confidentiality and Ethical Considerations – Protecting dignity, informed consent, and nonretaliation.

Capacity Building – Mandatory ADR training for NSMs and team leaders.

Evaluation and Quality Assurance – Monitoring ADR usage, satisfaction ratings, and case outcomes.

• In-Depth Responsibilities of the Nursing Service Manager

The NSM's effectiveness in ADR is rooted in their ability to lead, manage, and maintain a safe clinical environment.

➤ Early Identification

• **Proactive Observation:** Monitoring for stressors specific to healthcare: workload distribution issues, shift preference disagreements, resource conflicts (e.g., equipment scarcity), and interdisciplinary disputes (e.g., nurse vs. physician communication).

• **Safety Focus:** Recognizing that conflicts can directly lead to an increase in medical errors and a decrease in patient satisfaction. The NSM's priority is intervening *before* patient care is compromised.

➤ Initial Engagement

• **Active Listening & Empathy:** Using emotional intelligence to address the high stress and emotional context of healthcare conflicts.

• **Framing the Issue:** Positioning the ADR invitation not as punishment, but as a commitment to **team cohesion** and **patient advocacy**. The NSM emphasizes the shared goal: providing high-quality patient care.

➤ ADR Session

• **Mediation Techniques:** The NSM often acts as the mediator, guiding nurses to move from **positions** (e.g., "I won't work with them!") to **underlying interests** (e.g., "I need a clearer process for patient handoff").

• **Policy Integration:** Ensuring the agreed-upon solution aligns with hospital policy, regulatory standards, and ethical nursing practice. Solutions often involve clarifying roles, improving communication protocols (e.g., using SBAR), or adjusting workflow.

➤ Follow-up Monitoring

• **Sustainability Check:** Beyond just checking with the individuals, the NSM monitors the *entire unit* for signs that

the resolution has improved the **work environment** and **team collaboration**.

- **Coaching:** Providing ongoing professional guidance to the nurses involved, helping them develop better communication and conflict management skills for the future.

➤ **Escalation Protocol**

- **Formal Documentation:** The NSM ensures meticulous documentation of the failure of the voluntary ADR process, which is essential for any subsequent formal disciplinary action.
- **Protecting Staff:** Upholding the commitment to addressing serious issues like workplace bullying or harassment immediately and formally, as these are often beyond the scope of voluntary ADR.

This application of ADR is crucial for a Nursing Service Manager to maintain a positive, safe, and professional clinical environment.

Practical Implications for Nursing Service Managers

Implementing the framework enables NSMs to:

- Reduce workplace tensions,
- Foster a culture of fairness and communication,
- Improve nurse retention and morale, and
- Strengthen leadership credibility.

10. Conclusion

Integrating ADR into hospital disciplinary policy provides an opportunity for South African healthcare institutions to shift towards more humane, efficient, and collaborative conflict management systems. With proper training, institutional support, and policy reform, NSMs can lead this transformation. The proposed framework offers a structured pathway for embedding

ADR into hospital culture, improving professional relationships and strengthening organisational justice.

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