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The Tyranny of Consensus: Implications for Nursing Education

Elizabeth M Banister and Rita S. Schreiber

Abstract

The egalitarian appeal of decision making based on consensus has been valued as a strong alternative to other decision making approaches such as voting. In this paper, we identify some of the challenges inherent in this view, and suggest consideration of alternative decision making approaches needed at times to help nurse educators in their work with students and colleagues. As nurse educators, we have a responsibility to educate students about the meanings of consensus, to encourage open discussion about implicit values underlying behaviors, and help them appreciate the importance of dissent in a democratic society. Our challenge is to ensure that we are using, and teaching, the best decision making process for the circumstance.

KEYWORDS: consensus, decision making, challenges

SETTING THE STAGE: EXAMPLES OF CONSENSUAL DECISION MAKING

In a course which we co-taught, students assigned to ongoing small groups engaged in a number of activities involving decision making by consensus, such as identifying questions arising from their readings, creating scenarios involving difficulties in helping relationships, or collaborating on group assignments. From our perspectives, members of the group appeared to work well together, and from their output we assumed that they had dealt with any difficult dynamics effectively. It was months later when various members of the group approached us individually that we learned of the group's unresolved conflicts and of their lingering bad feelings about the experience.

In a curriculum meeting, faculty members made a decision by consensus regarding course offerings. At the next meeting, someone who was not at the prior meeting raised questions and wanted to revisit the decision. Because faculty members placed a high value on consensus, they felt obliged to invest considerable time and effort to "bring the person up to speed," and reversed some of their original decision. However, members experienced this process of revision as undermining previous work of the group; unspoken resentments grew, and members believed that decision making and curriculum planning had been hampered.

Since the coming of the curriculum revolution (Bevis & Watson, 1989), feminist thought has permeated current thinking in nursing education. The influence on nursing faculty of writers such as Chinn (2001), whose *Peace & Power* is currently in its 5th edition, cannot be underestimated, and many educators have embraced the ideas contained within these books. In particular, the egalitarian appeal of decision making based on consensus has been valued as a strong alternative to other decision making approaches such as voting. Our purpose in writing this paper is to identify some of the challenges inherent in this view, and to suggest consideration of alternative decision making approaches needed at times to help nurse educators in their work with students and colleagues.

THE MEANING OF CONSENSUS

According to the Oxford English Dictionary, consensus is "agreement in opinion; the collective *unanimous* opinion of a number of persons" (emphasis

added). This definition encompasses the popular view of consensus and reinforces the need for group members to come to full agreement, regardless of any differences in values or perspectives. Mansbridge (2003) explicates the meanings of consensus as lying on a continuum from decisions that are individualistic and self-protective, in which an individual can veto a decision, to those in which the group is in full unanimity. Another conceptualization is presented by Chinn (2001) who defines consensus as “any approach to decision making that focuses on taking into account all perspectives, and finding a perspective that integrates as many of these perspectives as possible” (p.50). In Chinn’s definition, consensus is seen as a transformational style of decision making in which all participants feel heard, valued, and satisfied (not necessarily happy) with the end result. It is this latter understanding of consensus that many nursing educators embrace and attempt to actualize within the classroom and in meetings.

Chinn (2001) suggests that members of a group engaged in decision making by consensus may follow a specific procedure. They should begin by examining their group values and identify which values are particularly relevant to the issue at hand. The group then explores the parameters of any decisions that could be made, and brainstorms as many different ideas as possible on the issue. Emphasis is placed on ensuring that all perspectives are brought forth and explored thoroughly. The group then identifies options, weighs the benefits of each, and tries to come to a common solution. Chinn suggests that decision making by consensus is not always easy; it is based on shared guidelines or principles of solidarity, includes visible and positive dissent, and requires sufficient time and energy be put into the process.

Proponents of consensus decision making identify a number of benefits of this type of decision making, including reduced misunderstandings, and increased group cohesion. In this way, consensus decision making can be used to help equalize power and strengthen a sense of community within groups, both of which could be desirable in nursing education at this time. Mansbridge (2003) identified five advantages of consensus, including; a) promoting unity, b) increasing commitment, c) guaranteeing individual liberty “by giving every individual a veto” (p. 233), d) encouraging listening, and e) teaching transferable skills such as accommodating diverse views.

Chinn (2001) and Woehrle (2003) contrast consensus with compromise, which is seen as resulting in win-lose decisions, in which dissenting individuals simply resign themselves to the majority decision. Chinn also dismisses other forms of decision making as creating or reinforcing “power over” rather than

shared power, silencing alternative views, and ultimately resulting in less satisfactory decisions. According to Chinn, all decisions can ultimately be made through consensus; even when time is limited, tentative decisions can be made that are revisited at a later time.

SO WHAT IS WRONG WITH CONSENSUS?

Like other nursing educators, we, too, embraced Chinn's (2001) principles of consensus and made efforts to incorporate them in our daily work and in theoretical and experiential learning activities in our classrooms. Within the broader context of a school committed to feminist principles within the curriculum (Schreiber & Banister, 2002), consensus was seen as the model for decision making. Experience, however, has taught us that consensual decision making may not be the best in all situations, and may in some circumstances undermine collegiality and productivity.

Exemplar one

The students in the first exemplar above highlighted some of the discontent we were experiencing with regard to consensus decision making, and in this situation, unknowingly the students became our teachers. They relayed stories of perceived power differences among members of their group that undermined their ability to engage in true consensus decision making. In spite of a genuine commitment to the equality of all group members, these power differences were unacknowledged, and realistically could not be acknowledged within the context of the classroom without engaging in considerable mediation and discussion. For example, the group openly discussed oppression and its meaning, and considered whether some members of the group might be more oppressed than others. One woman maintained that within society she was more oppressed than others in the group, and in doing so, garnered informal power, making it difficult for others to challenge her when decisions were needed, lest they be seen as representatives of the oppressor. Even though this group's initial and ongoing discussions led to identification of clear, egalitarian values to guide the group process, in this situation the values provided little guidance regarding a way to work through the differences that, ultimately, remained unacknowledged within the timeframe of the course. All members of the group treated each other respectfully, and discussion was frank and productive. Nonetheless, this situation resulted in unresolved, and perhaps unresolvable, hidden conflict, as well as lingering personal distress.

In hindsight, we wonder about the way in which imposition of consensus decision making paradoxically prevented them from challenging the inequality in the situation, and adopting positions that were not fully consensual. Even if the students were aware at the time of the power dynamic within the group, the differences that were not articulated remained unaddressed. The woman's claim to special circumstances challenged the group's core principle of equality among members. We suggest a strong cultural imperative to avoid conflict also inhibited open discussion of the conflict. This demonstrates that, although many students (and educators) are deeply and personally committed to egalitarian principles, taking the sometimes difficult actions needed to enact these principles in the "real" world can be a challenge.

Mansbridge (2003) points out that unanimity can result in a group accepting coercion in some circumstances. In the situation described above, the coercion was gentle, but it was present nonetheless, because group members felt they had a responsibility to accommodate differences, and because classroom time was limited. This situation highlights the possibility that it may not be possible to accommodate, to everyone's satisfaction, divergent or opposing positions when making a decision in the context of a university course. It also highlights the fact that in university classes, time is a serious impediment to successful incorporation of consensus decision making, even as part of learning activities. Mansbridge and Woehrle (2003) identified the need for sufficient time for effective consensus decision making. This situation also reinforces research showing that people modify their beliefs on the basis of identification with important reference groups (see, e.g., Abrams & Hogg, 1988, 1990; Haslam, 1997). It is likely that some members of this group were swayed by more influential group members (Raven, 1993) and the unarticulated differences remained.

Exemplar two

Some of the same complex dynamics may also undermine the use of consensus as a decision making model within faculty committee meetings. Few nurse educator groups have articulated their shared values and beliefs more than superficially, as evidenced by documents such as mission and vision statements. Although useful, these documents are not normally sufficiently detailed to provide the type of guidance for group processes suggested by Chinn (2001). To return to the second exemplar above, how do faculty come to consensus? Even if the faculty group has articulated and supported common values regarding their work, such values are not always enacted, creating an incongruity between theory and practice.

In the second example, members of the faculty group felt obliged to review a previous decision because everyone had not been involved and thus had not agreed. The assumption made by the group, apparently was that all decisions must include all members of the group. By implication, this suggests that a single member, particularly an absent member, effectively has a veto over anything the group may decide. This assumption can undermine group effectiveness by privileging the absent member, and disempowering the group itself. We suggest that a lack of explicit ground rules for decision making hampered this group's efforts. According to Chinn (2001), decisions can be made tentatively if there are absent key group members, and the decisions are to be reviewed at a later time. Alternatively, groups are free to make decisions based on the members present, as this group had done (no one identified the missing member as necessary for the decision). Since neither alternative was explicitly acknowledged, the group members defaulted to the stated principle of consensus involving all voices. At the same time, the cost was high in terms of work accomplished, personal frustration, and ineffective group functioning.

WHAT WE HAVE LEARNED

In the preparation of this manuscript, it became clear to us that individuals hold divergent views about the meaning of consensus decision making and about the appropriate ways to handle such divergence. In the scenarios we have discussed, it seems that the people involved enacted a meaning of consensus that was closer to the Oxford English Dictionary (2003) definition based on unanimity, than to Chinn's (2001) definition based on hearing and respecting all perspectives. This approach to consensus led to an avoidance of dissent, as the group members systematically avoided conflict by seeking unanimity, sometimes to the point of feeling that they were being coerced by the requirements of the process.

We wonder what might have happened in either circumstance had a group member identified the conflict as it was occurring and demanded discussion of the process. Perhaps had this happened, a forum might have been created in which the unstated conflict could have been addressed. However, the conflictual understandings of consensus were never brought to awareness, allowing profound differences in the groups to remain unaddressed.

We have learned through experience that, as Mansbridge (2003) notes, decision making by consensus is not applicable or even necessarily desirable in some classroom and collegial situations. It is important to create opportunities for students and educators to speak about their own individual values and beliefs pertaining to decision making and group processes, and to explore ways in which

we can create common horizons and understandings. Nonetheless, we are socialized to create harmony and to avoid conflict, which can make it difficult to express our differences within a group. Even when one is conscious of this difficulty, powerful group members can effectively silence individual dissent.

Yet what is wrong with dissent? Perhaps there are ways in which open, respectful dissent and conflict can be welcomed, even though differences may not be resolved. As nurse educators, we could explore ways to learn to live with, and respect unresolved differences within any group. A creative example of this arose from a recent research team, in which a dissenting report, based on a different interpretation of the data, was submitted to the funding agency along with the majority report, and both were considered to be official (Neville, et al., 2000). As teachers, we have a responsibility to educate students about the meanings of consensus, to encourage open discussion about implicit values underlying behaviors, and help them appreciate the importance of dissent in a democratic society.

Related to this, perhaps there are circumstances in which the majority should rule. In looking again at the second exemplar, one way of dealing with it would be to resist the temptation to revisit the decision. Sometimes a possible challenge to an earlier decision can be anticipated at a future meeting. If this is the case, it can be useful to rehearse what objections might be raised and how to address them. One approach to such a challenge might include thoroughly explaining how the decision was made, emphasizing the robust process in which the group engaged, and providing appropriate documents related to the decision and the process. It is important to draw attention to the need for respect, goodwill, and trust among colleagues, and the fact that it is not always possible in a large, complex school for everyone to participate in every decision. It takes leadership on the part of all group members to sustain the original decision in the face of such challenges – especially within a climate of conflict avoidance.

Although this exemplar provides an opportunity to consider challenges to decisions already made, it can be the case that a group is blocked in its ability to make decisions because of a few powerful dissenting voices. In such circumstances, group members can become frustrated, and their positions hardened, as they try to convince each other of the “right” view. One way of dealing with this could be to combine aspects of different decision making traditions, for example, consensus and voting. Once the conflict is apparent, the group could engage in circling once or twice, so that all views are made explicit. If there is little apparent movement toward a resolution of the differences, a secret ballot can then be held. Although voting and consensus seem to be at opposite

ends of a continuum, used together in this way, they can both protect individual integrity and lead to effective decision making. The advantage of a secret ballot at this stage is that each person can make up his or her own mind, without coercion, after having listened to all other perspectives. The end result reflects the collective wisdom of the group, relatively unaffected by its power dynamics. For example, tenure decisions made by secret ballot can be more individually empowering than those made by consensus that can involve coercion.

In the final analysis, even though maximal inclusiveness is desirable, there are few situations in which the voice of a particular person is essential in a group's decision making processes and these should be identified rather than assumed. Perhaps we as nurse educators need to reconsider the belief that all voices must be heard in all decisions, and acknowledge that thoughtful decisions need not be revisited to privilege individuals who were absent. Given the organizational demands of university life, there may never be sufficient classroom or meeting time for groups to engage in true consensus in which all voices are valued and decisions supported by all. As nurse educators our challenge is to ensure that we are using, and teaching, the best decision making process for the circumstance.

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