



Keeping the peace: Conflict management strategies for nurse managers

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Handling conflicts in an efficient and effective manner results in improved quality, patient safety, and staff morale, and limits work stress for the caregiver.¹⁻³ The nurse manager must approach this challenge thoughtfully because it involves working relationships that are critical for the unit to function effectively—the nurse and other members of the interdisciplinary healthcare team who must collaborate while navigating responsibilities and roles that often overlap. To handle situations of conflict, the nurse manager must have the skills to help effectively resolve them.

Effective resolution and management of a conflict requires clear communication and a level of understanding of the perceived areas of disagreement.⁴ Conflict resolution is an essential element of a healthy work environment because a breakdown in communication and collaboration can lead to increased patient errors.^{5,6} The American Association of Critical-Care Nurses standards for healthy work environments recognize the importance of proficiency in communication skills and The Joint Commission's revised leadership standards place a mandate on healthcare leadership to manage disruptive behavior that can impact patient safety.^{7,8} Although effective conflict management skills have been identified as an essential competency for the professional RN to provide safe, quality care to patients, reports of workplace conflict continue to rise.⁹

Nursing leaders need to assess how nurses deal with conflict in the healthcare environment in an effort to develop and implement conflict management training and processes that can assist them in dealing with difficult situations. For this purpose, a case scenario that describes a common interpersonal conflict between nurses is presented. The setting for this exemplar is in the ED. (See *Case scenario*.) But first, let's look at definitions of conflict.

What's conflict?

Although it's generally accepted that conflict is an inevitable and integral part of the work envi-

ronment, it's important to clarify just what conflict means. One definition of conflict is a disagreement through which the parties involved perceive a threat to their needs, interests, or concerns. However, this definition encourages a tendency to narrowly define the issue as one of task or substance.¹⁰ Workplace conflicts in the healthcare environment tend to be far more complicated because they often involve ongoing, complex relationships that are based in emotion.¹⁰ In addition, a conflict is comprised of substantive, procedural, and psychological dimensions that participants in conflict respond to on the basis of their perceptions of a particular situation.¹⁰ It's this perception that's filled with thoughts and emotions that guide the individual to a solution. Understanding the types of conflicts that the direct care nurse commonly encounters and the way he or she responds to conflict is an important element in identifying effective strategies to manage conflict in the healthcare environment.⁴

In 2009, the Center for American Nurses conducted a conflict resolution survey to identify challenges related to conflict encountered by the professional RN.¹¹ A total of 858 nurses responded to both open-ended and closed-ended items in a web-based survey. After coding and analysis were completed, a thematic analysis was conducted and four themes were identified: anguishing through unhealthy conflict and its effects, longing for a better path to address conflict in a productive manner, understanding and welcoming channels to address conflict, and suggesting improvements to address workplace conflict.

The most common and problematic type of conflict that was experienced in the workplace involved interpersonal conflicts. The three prime situations of interpersonal conflicts frequently identified in the survey included (1) patient and family, (2) nurse manager, and (3) physician. Conflict involving nurses and patients/families/

visitors was reported to occur as a result of the disparity in perceptions regarding which patient-care issue needed to be addressed first, limiting visiting hours, and restrictions surrounding disclosure of confidential information. The second most frequent interpersonal conflict was between the direct care nurse and the nurse manager. This type of conflict was associated with lack of organizational support from the leadership team and poor communication. The third interpersonal conflict was between other health-care providers and the direct care nurse. These conflicts weren't handled effectively or were ignored, which resulted in a toxic work environment.

The literature also reports that frequent areas of conflict in the acute care environment are interpersonal conflict with professional peers, such as physicians and individuals in other clinical services, and task conflict, such as getting lab results, turnaround time for X-rays, and reaching consultants in a timely manner.^{12,13}

Conflict management strategies

Conflict management styles are complex and although we may use one style more than others, the style that we use is dependent on the situation and the participants.^{12,14} Five styles of handling interpersonal conflict have been identified: dominating, obliging, avoiding, compromising, and integrating.^{15,16} Several conflict management scholars have built on this framework of conflict management styles and added a role dimension based on the assumption that individuals exhibit different interpersonal conflict management styles when dealing with those with less power (subordinates), more power (superiors), or equal power (peers).^{12,14-17} It has been suggested that conflict management styles

Case scenario

Nurse manager perspective

ED nurse manager Ms. P is walking out the door at 6:50 p.m. when she remembers that she hasn't made the staffing assignments for the next day. She hurries back to her office and realizes that the permanent charge nurse Ms. B had called out sick earlier. Before selecting a replacement, she quickly scans the ED physician schedule to see which physician is on for the early morning shift. It's Dr. N, an excellent practitioner, but very difficult to work with because he doesn't consider the clinical opinion of the ED nurse when selecting a treatment plan. Ms. B is the only charge nurse from whom Dr. N accepts direction. She's able to reach an acceptable solution to any problem that involves Dr. N.

Ms. P looks at the schedule and decides that the direct care nurse Ms. S is the best choice. She's also an excellent practitioner who can quickly find a middle ground to a solution when it involves patient management and patient movement. With a sign of relief, Ms. P thinks to herself, "Thank goodness I remembered to assign charge. What a disaster if I had forgotten." She pauses as she turns out the light to her office and says to herself, "I need to get back here tomorrow morning to make sure that Ms. S and Dr. N get off to a positive start."

Direct care nurse perspective

Ms. C, an experienced RN, comes onto her 12-hour shift at 7 a.m. to a typical day in the medical center ED. All of the patient bays are filled, there are stretchers with patients lining the hallways, and triage is backed up with patients waiting to come inside the main ED for evaluation and treatment. When she left the ED at midnight last night, it was jam-packed and there were admitted ED patients still awaiting a bed upstairs because the hospital was at full capacity. When she arrives on the unit this morning, her heart sinks. She learns that the day charge nurse called out sick and Ms. S is covering. Ms. S is an excellent ED nurse, but she's very difficult to work with when she's in charge because she becomes demanding and aggressive. Interacting with her is always a challenge that escalates when she assumes the charge role.

To make matters worse, Dr. N is also on duty. Dr. N doesn't get along with nurses and especially not with Ms. S. They're often in loud debates about patient management and patient movement. Ms. C takes a deep breath, braces herself for the oncoming battles, and is ready to flee the nurse's station when she bumps into Ms. P. She likes Ms. P, who's supportive and always knows how to keep the peace.

aren't solely determined by an individual's disposition; rather, conflict management behaviors are partially situational—the approach to managing conflict is chosen to match the situation at hand.¹²

An illustration of how the nurse manager's approach to handling conflict using each of the five conflict management styles produces different results can be found in the *Sample conflict management resolution action plan*.

How do nurses manage interpersonal conflict?

Research on nurse conflict management styles in inpatient acute care environments such as medical-surgical and critical care units strongly suggests that nurses prefer the avoidance approach to manage interper-

sonal conflict. One explanation is that in situations such as nurse-physician interaction, the avoidance conflict management style may be used when the nurse, feeling intimidated by the physician's "power" and "authority," hesitates to confront the physician about the needs of patients.¹³ It may be easier for the nurse to avoid raising an issue to avert conflict rather than risk a confrontation. The Joint Commission has expressed concern about this behavior. Avoidance leads to poor communication, which leads to poor patient outcomes. It can also lead to higher levels of stress for the nurse.

Nurse managers frequently use compromise as their primary conflict management style.¹⁸ However, the 2009 Center for American Nurses

conflict resolution survey revealed that although managers may use compromise as a strategy to resolve conflict, the direct care nurse is fearful of being punished or not supported when dealing with conflict and may, therefore, use avoidance to protect himself or herself.¹¹ There's very little research about nursing related to conflict resolution as compared with research done in other environments. One study investigated the relationships of conflict

management styles in a sample of 222 direct care nurses. The study found that although nurses predominantly use an integrating conflict management style, almost one in four also used an avoidance conflict management style.¹⁹

Poorly managed conflict and unresolved conflict have an influence on individuals, organizations, and, most importantly, patient outcomes. In July 2008, The Joint Commission issued a Sentinel Event Alert sug-

gesting that poor communication, lack of teamwork, and ineffective management of conflict among health professionals are top contributors to sentinel events.²⁰ One study found that the avoidance conflict management style independently predicted stress with peers and problems with supervisors.¹⁹ This has ominous implications for both the nurse and the patient because the avoidance conflict management style has been associated with increased levels of work stress, which has been linked to negative patient outcomes such as medication errors, I.V. errors, patient falls, and reduced quality and efficacy of care.^{19,20}

Recommendations for nurse managers

The nurse manager needs to be purposeful and thoughtful when engaging in conflict resolution because the quality of communication and teamwork among healthcare providers has been directly linked to the safety of patient care.²⁰ The following are recommendations for the nurse manager to strategically enhance patient safety through effective conflict management.

Engage in dialogue. Nursing leaders and direct care nurses need to engage in dialogues that address conflict and conflict management behavior as a first step in creating a healthy work environment. The lack of communication and prevalent use of avoidance by today's nurses as a conflict management strategy prevents the root of the problem from being properly addressed and resolved, thus the conflict situation remains.⁵ This is important for the acute care setting because it's particularly susceptible to conflict due to the chaotic nature of the environment that includes constant change, poor communication, and multidimensional tasks.²¹⁻²³

Sample conflict management resolution action plan

Ms. C, RN, receives report on her patients from the charge nurse Ms. S and notices that her assignment is disproportionate to her peer Ms. J. Her assignment is heavy, including seven patients, two of whom are unstable. The acuity and number of patients exceed the ED guidelines. She isn't comfortable that it's safe; however, she isn't surprised to learn that Ms. J's assignment is light because Ms. J has the reputation of always getting her way. Her five patients are stable and being readied for discharge. Normally, Ms. C would accept her assignment to accommodate the needs of the unit, but she's tired from working a double shift the day before. When she approaches the charge nurse Ms. S to modify her assignment, she's told that the assignment is what it is and that Ms. S wants to avoid any drama with Ms. J because, "You know how she is." As Ms. C turns to leave, she sees the nurse manager Ms. P and decides to tell her about her unfair assignment.

How does nurse manager Ms. P react to this situation? How does she deal with the charge nurse and Ms. C's perception that her assignment is unreasonable? How does she manage this conflict?

She can avoid the situation and say nothing.

The result: Ms. C walks away feeling frustrated and powerless. Ms. P also feels frustrated because it doesn't matter what she says, Ms. S won't revise the assignment without a huge argument.

She can be dominating (competing) and tell the charge nurse Ms. S that the assignment is unacceptable.

The result: Ms. P feels contrite. She knows that she intimidated the charge nurse but she has no time to deal with issues that the nursing staff members should be able to resolve themselves.

She can try to have Ms. C accept the assignment to oblige (accommodate) the charge nurse Ms. S.

The result: Ms. P knows that Ms. J is very difficult to work with and that Ms. C's assignment is very heavy. Ms. P tells Ms. C that she appreciates her being a team player and she'll remember her in the future.

She can compromise (share) her concerns with the charge nurse Ms. S so that she can try to find an expedient, mutually acceptable solution.

The result: Ms. C is hopeful. Ms. P is providing Ms. S with rationale for why the assignment should be modified. Ms. P will encourage both Ms. C and Ms. S reach out to Ms. J and work out a middle ground for both nurses to be happy.

She can integrate (collaborate) with both the charge nurse Ms. S and the nurse Ms. J to reach an acceptable assignment for all parties involved.

The result: Ms. P feels empowered. Initially, it was a little difficult, but working together with Ms. C, Ms. S, and Ms. J, an assignment was made that was acceptable and safe. The approach she uses to manage this conflict will influence the delivery of patient care and limit her experience of work stress.

Nonpunitive debriefing with staff regarding the management of a conflict issue provides reflective learning and removes frustration, which can lead to trust, openness, and effective conflict resolution in the future. Role-playing and the use of case scenarios are also effective methods to facilitate learning how to select an appropriate conflict management style for the situation at hand. By providing an environment of open communication and acknowledgement of each individual's standpoint, a forum can be established for staff to address issues in the future. (See *Strategies to resolve conflict*.)

Engage in coaching. The nurse manager can minimize escalating conflict by educating nurses to learn how to effectively resolve conflict themselves. This can be accomplished through case scenarios and working with the education department on role-playing exercises. Because managers usually arrive after a dispute is in evolution, they may not have a clear understanding of the issue. Nurses who don't have the opportunity to learn about how to deal with conflict find it expedient and perhaps even necessary to have the manager intervene. Having the nurse leader walk the direct care nurse through a variety of conversations to resolve a dispute or disagreement provides the opportunity for alternative solutions to be considered.

Identify potential conflicts. Because conflicts are normal, inevitable experiences in the healthcare work environment, they're usually predictable. Situations that naturally occur as the nurse strives to manage complex patients are to be expected. Procedures and processes for identifying potential common conflicts need to be developed to transform these situations into opportunities for growth and learning.

In its leadership standards, The Joint Commission recommends that organizations need to establish policies and guidelines to facilitate collaborative practice and encourage interprofessional communication across disciplines as a proactive measure to address conflict issues, working through them and moving toward resolution.²⁰ These policies should communicate clear goals and objectives to prevent workplace violence, including a zero tolerance for workplace violence, verbal and nonverbal threats, and related actions; ensure that reporting of experiences of workplace violence may be done without fear of reprisals; encourage prompt reporting of incidents and suggest ways to reduce or eliminate risks; require documentation of incidents to assess risks and measure progress; and provide appropriate training and skills for all members of the organization.

Education and training. Nurses need to be educated in the topic of conflict and conflict management strategies to address and effectively resolve conflict. Learning conflict management strategies empowers nurses to resolve conflict early and influence the work environment in which they deliver patient care. The training shouldn't be limited to the handling of interpersonal conflicts; it should include all types of conflict commonly encountered in the healthcare setting.^{3,19} In addition, individuals who have a propensity for managing conflict well should be identified and developed.

Next steps

Keeping the peace for effective and sustainable conflict resolution requires the nurse manager to participate in professional development and coaching in conflict management to develop skills and resources. Resolving conflict

Strategies to resolve conflict

The following strategies will help the nurse manager resolve conflict before it escalates into a serious situation:

- **Recognize conflict early.** Recognizing the early warning signs of conflict is the first step toward resolution. Pay attention to body language and be cognizant of the moods of the staff.
- **Be proactive.** Address the issue of concern at an early stage. Avoiding the conflict may cause frustration and escalate the problem.
- **Actively listen.** Focus your attention on the speaker. Try to understand, interpret, and evaluate what's being said. The ability to listen actively can improve interpersonal relationships, reduce conflicts, foster understanding, and improve cooperation.
- **Remain calm.** Keep responses under control and emotions in check. Don't react to volatile comments. Your calmness will help set the tone for the parties involved.
- **Define the problem.** Clearly identify and define the problem. A clear understanding of the issues will help minimize miscommunication and facilitate resolution.
- **Seek a solution.** Manage the conflict in a way that successfully meets the goal of reaching an acceptable solution for both parties.

is important because failure to do so can impact the quality and safety of patient care. The nurse manager is in a pivotal role to make a difference for patients, families, and staff. **NM**

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(...Continued from page 49)

override function) because neither of these functions changed in the transition from the centralized distribution system to the satellite distribution system.

Nursing satisfaction with pharmacy distribution services increased with the changeover from a centralized to a decentralized distribution system. This shift allowed for better allocation of time management and improved quality of care. The use of a survey was beneficial because it provided evidence-based information to the hospital administration, helping to prove that the switch was a success.

Always strive to improve

Because there are shortages in the nursing and pharmacist professions, job satisfaction plays a significant role in retention. This project was an example of not only how to achieve Magnet excellence, but also how to gauge employee satisfaction and what to do in cases where improvements must be made to help retain jobs and improve patient safety. **NM**

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