

## Conflict Management: Managing Conflict Between Nurses

### What We Know

- › Conflict among nurses is prevalent and has consequences that extend beyond interpersonal tension. Conflict among nurses can negatively impact teamwork, nurse retention, and the quality of patient care<sup>(11,17,19,24)</sup>
- Conflict can be described as the discord that results when two or more parties have opposing or incompatible ideas, beliefs, or goals. Conflict itself is not inherently negative (it can be a healthy challenge of ideas or assumptions and can be a stimulus for positive change), but conflict between nurses that is either ignored or handled inappropriately is a major source of stress for nursing staff across care settings<sup>(8,19)</sup>
  - Unmanaged conflict can result in fear, anger, intimidation, increased nursing errors, perceived powerlessness, and decreased quality of patient care<sup>(5,8,16)</sup>
- Authors of a cross-sectional study found that among 100 nurses, a majority of the participants stated conflicts were usually between themselves and physicians. Additionally, avoidance was found to be the most common response to conflict management, which was followed by collaboration. Mediation, accommodation, and compromise were the least common responses. The responses to conflict were significantly predicted by education, work position, experience, and age. Younger nurses were found to use avoidance as a response more often than older nurses<sup>(18)</sup>
- Researchers evaluated conflict management and attitudes about teamwork among 228 nurses and found that a majority of nurses reported conflict at work. They found the most common causes of conflict were due to unclear expectations of nurse responsibilities, injustice, poor communication, not feeling supported by supervisors, poor work systems, and a lack of staff<sup>(7)</sup>
- Researchers evaluated 147 incidents of workplace interpersonal conflict and found that 20% occurred during patient transfers, 17% during laboratory tests, 16% during surgery, and another 16% during imaging. A reported 27.9% of the incidents were related to interpersonal relationships; however, a majority of the conflicts were due to task processes or content<sup>(16)</sup>
- › The nursing profession is comprised of individuals with different personalities, work styles, cultural beliefs, values, and life and professional experiences. Conflict among nursing colleagues is virtually unavoidable as these differences coincide in the context of a stressful, emotionally challenging healthcare environment.<sup>(2,19)</sup> Interpersonal conflict between nurses may be ego-based, value-based, or due to differences in opinions on work-related issues
- A review of research on conflict in nursing found that conflict usually fell into one of five categories, including:<sup>(12)</sup>
  - Clinician status within the interprofessional team
  - Fragmentation due to healthcare silos
  - Issues of autonomy, related to leadership and decision-making
  - Interpersonal differences between clinicians
  - Unfairness in consideration of values and ethics

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- One extremely common type of nurse-nurse conflict is horizontal (i.e., lateral) violence<sup>(6,14)</sup>
  - Horizontal violence refers to verbal abuse and bullying (i.e., intimidation, humiliation, bullying, pranks, gossiping, and other verbal mistreatment that interferes with job performance) that occurs between colleagues<sup>(6,21)</sup>
    - Horizontal violence has been found to increase nurse absenteeism and to be a major contributor to the decision to leave their positions and even the nursing profession<sup>(6,21)</sup>
  - One explanation for horizontal violence in nursing is based on the theory of oppressed group behavior. According to this model, nurses have internalized a sense of powerlessness because of their domination by the field of medicine. Instead of joining together to assert their strengths and promote the nursing profession, some nurses misdirect their hostility toward other nurses<sup>(6,13,20)</sup>
    - Oppressed group behavior is characterized by rivalry, lack of group cohesion, lack of pride, and aggression
  - Horizontal violence affects nurses of all ages and backgrounds. Administrators should develop plans to address incidents involving horizontal violence, which can include implementing compassionate counseling for nurses and having proper intervention procedures<sup>(6)</sup>
  - A qualitative research study identified themes regarding nurses’ perceptions on horizontal violence and organizational chaos. Strategies for coping included isolation and avoidance. Reasons for not reporting horizontal violence included limited support, lack of respect, fear, and behavioral patterns being ignored or minimized<sup>(26)</sup>
  - Across multiple studies, a majority of nursing students reported experiencing bullying and a majority of nursing managers and other leaders experienced bullying. Bullying behaviors are not limited by age, gender, or years of experience in the field. Workers who are anxious, angry, lacking self-confidence, or seeking revenge are more likely to engage in bullying behaviors<sup>(10)</sup>
  - Lateral violence may be measured using tools such as the Lateral Violence in Nursing Survey to assist nursing managers in detecting problems, intervening early, and improving staff retention<sup>(20)</sup>
- › Mentorship is an intervention which can improve work culture and the quality of patient care. It produces positivity within the workforce and improves staff retention.<sup>(9)</sup> Mentorship programs within nursing can reduce compassion fatigue and enhance confidence and competence. Programs can be developed on-the-job to support a compassionate culture in the working environment<sup>(15)</sup>
- › Conflict management (i.e., the effective implementation of strategies to cope with conflict) is an essential skill of the effective nurse manager and one that can have positive outcomes at individual and organizational levels<sup>(17,24)</sup>
  - The five basic approaches to conflict management are collaborating, compromising, competing, accommodating, and avoiding.<sup>(25)</sup> (For general information about conflict in the nursing environment, see *Evidence-Based Care Sheet: Conflict Management: an Overview* )
    - Researchers report that staff nurses, if not guided by their managers, are more inclined to use avoidance than to directly deal with conflict<sup>(19)</sup>
    - Collaborating (i.e., integrating) is the preferred strategy for conflict management in nursing. Collaborating involves the reestablishment of a priority common goal by setting aside each party’s original, opposing goal. The outcome is mutually satisfying to both parties<sup>(19,25)</sup>
      - True collaboration is a mutual, assertive effort that requires respect, active listening, honest communication, and shared decision making for a perceived win-win outcome<sup>(25)</sup>
  - Authors of a study about the effects of emotional intelligence (EI) found a positive association between higher EI and the use of compromising, collaborating, and obliging conflict management styles. High emotional intelligence was negatively correlated with dominating and avoiding conflict management styles<sup>(1)</sup>
    - Nurses and nursing leaders can engage in social and emotional learning programs to improve their emotional intelligence by learning how to manage emotions, foster good relationships among staff, and gain better skills in negotiation<sup>(22)</sup>
  - Successful conflict resolution programs incorporate collaborative relationships, effective communication, and the promotion of decision-making skills among nurses<sup>(2,17,27)</sup>
    - Teams that work together, are supportive of each member, and resolve conflicts effectively tend to have higher nurse retention rates and higher job satisfaction<sup>(18,27)</sup>
  - Many professional organizations—including the Joint Commission, the American Nurses Association (ANA), the American Association of the College of Nurses (AACN), the American Organization of Nurse Executives (AONE), and the

Registered Nurses' Association of Ontario—have established conflict management standards and/or trainings to promote healthy work environments for nurses. These standards highlight effective communication and collaboration as valuable professional nursing skills<sup>(2,3,4,17,24)</sup>

## What We Can Do

- › Learn about common sources of conflict among your staff nurses so you can accurately assess the factors that influence job performance and teamwork on your unit; share your observations and ideas for conflict management with other nurse managers
- › Become knowledgeable about the oppressed group behavior model and the impact of EI on conflict management. Educate your nurses about:
  - the dynamics of oppression<sup>(13,20)</sup>
  - how to avoid and respond to bullying within the nursing field, and the positive impact of mentorship<sup>(15)</sup>
  - the potential benefits of improving EI skills, which are learned skills<sup>(23)</sup>
- › Observe interactions among nurses on your unit, noting any signs of aggression, intimidation, or other inappropriate behaviors that can negatively impact teamwork. Identify bullying or other conflicts as a problem immediately as they arise<sup>(10)</sup>
- › Use a constructive approach to conflict management with your nursing staff. Recommendations include using active listening and open communication, separating fact from opinion, and planning your response to a problem carefully rather than immediately providing a solution<sup>(19)</sup>
- › Choose the conflict management strategy that best fits the situation, keeping in mind that collaboration often provides the best long-term outcome. Work toward the ultimate goal of minimizing the negative effects of conflict on work performance and patient outcomes<sup>(19)</sup>
- › Foster an environment that accepts difference and is intolerant of bullying and other inappropriate behaviors; follow facility protocols to bring instances of bullying and staff intimidation to the appropriate department for disciplinary action<sup>(10,17)</sup>
- › Create training opportunities for all nurses regarding professional behavior, interpersonal skills, and collaboration<sup>(17)</sup>
  - Provide training about types of professional conflict and problem-solving techniques that are appropriate in the healthcare environment<sup>(5)</sup>
  - Provide training about conflict management to all nurses, especially younger nurses, to promote collaboration<sup>(10,18)</sup>
  - Collaborate with nurse managers and administrative personnel to seek effective ways to develop nurse managers' conflict competencies (e.g., through programs in conflict training)<sup>(11,17,24)</sup>
- › Ensure mental health and other support resources are available to nurses. Encourage use of these services for those experiencing bullying in the workplace<sup>(10)</sup>
- › Implement strategies to assess staff perceptions of unacceptable behaviors and documentation systems for disruptive behaviors among the staff. Provide patients/families as well as staff with opportunities to communicate about observed unprofessional behaviors. Patient feedback can be a useful tool in learning about staff interactions. Take all reports seriously and follow correct protocol for intervention<sup>(10,17)</sup>

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