

Nursing Leadership and Conflict

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Nursing leadership and conflict are interwoven concepts in modern health care. Nursing leaders must be prepared to address conflict if care delivery is to meet the evolving health needs of society. Every nurse will be met with some sort of conflict in the pathway of their career, which necessitates a willingness to learn what factors affect the development of conflict. There is constant reorganization in hospital and community health settings with new technologies and developments in treatment and thus conflict can arise in nursing from adapting care under this constancy of change. Not only is healthcare a complex system with ongoing, emotional human interaction, but nurses are additionally expected to seamlessly manage, shepherd and coordinate patient care collaboration, treatment and daily support. Successful conflict engagement based upon strong emotional intelligence and guided by strong nursing leadership, improves patient outcomes with concurrent positive impacts on the professional fulfilment of nurses. Unchecked conflict is an immense barrier to communication in the health care environment. Poor leadership that fails to mitigate conflict head on can lead to workplace disharmony, career dissatisfaction and ultimately poor patient outcomes related to safety and discontent. Conflict is also a barrier to nursing leadership development. Nursing leaders have a responsibility to recognize and moderate the causes and effects of conflict in the workplace to improve patient care and career fulfillment for all nurses. A review of the literature on conflict and nurse leaders suggests that effective conflict management includes gaining trust through relationally engaged communication, becoming self-aware and fostering nurse leaders' own emotional intelligence and understanding systemic patterns in the workplace.

Conflict is described by Rahim (2002) as a disagreement or discord between two or more individuals, owing to differences in opinion, incompatible preferences or goals, competition,

negative perceptions, poorly defined role expectations or lack of communication. McKibben (2017) suggests that interpersonal conflict, can arise “between two or more people with differing views or goals” with the potential for “harassment and stress” to develop as a result (p. 101). There is ongoing dialogue about the inevitability of conflict in nursing, especially given the high stress and complex nature of modern health care delivery (Gerardi^{1,2,3,4,5,6}, 2015; Chan, Sit & Lau, 2013; McElhane, 1996). Knowledge of conflict engagement strategy is essential for nursing leaders because conflict is a foreseeable occurrence in health care. With the likelihood of encountering conflict throughout one’s nursing career in mind it behooves nursing leaders to identify the potential causes and possible remedies to conflict that can be employed.

Armstrong (2000) and Carragher & Gormley (2017) describe leadership as fluid dynamic process concerned with a vision for the future. This broad conceptualization of leadership is suggested to be attainable for all that wish to foster it, rather than only for those with a certain set of character traits, as leadership “can be supported and developed” throughout a nurse’s career path (Carragher & Gormley, 2017, p. 87). It should be noted that there are different leader types including those outside the confines of formal designations. Informal leaders, for example, are identified as individuals without “formal title or authority who serve as advocates for the business and heighten the contributions of others as well as their own primarily through influence, relationship-building, knowledge and expertise” (Smart, 2010 as cited Downey, Parslow and Smart, 2011, p. 518). Effective nursing leadership development and competent nursing leadership execution needs to disseminate education of conflict management techniques and the nurturing of these same skills for all coworkers, colleagues and staff, regardless of if they hold a formal designation as leader or not. Nursing leadership must evolve to address conflict with the future of the profession clearly in sight.

Causes of conflict are not limited to interpersonal disagreement but can also include intrapersonal and environmental sources. Intrapersonal conflict can arise with “perceived incompatibilities or incongruencies...when an organizational participant is required to perform a task that does not match his expertise, interest and values” (Cox, 2003, p. 155). This may result in confusion regarding one’s own expectations, role or duty, especially in situations when communication is unclear from nursing leaders or when nurses are asked to perform tasks that are in opposition to their personal ethics. Hierarchical battles within healthcare environments, for example, as discussed by Curie & White (2012) challenge one’s ability to participate in effective inter-professional communication when discourse is limited by authority struggles. The resulting imposed subservience of allied professions such as nursing to medicine can lead to poor or non-existent information exchange due to resentment or fear. Examples of environmental stress can include too much change without sufficient training or adjustment time, poor overall leadership detrimentally affecting the communication culture of the ward, heavy work load, the pressure of shift work with long hours and poor sleep schedules. Intrapersonal and environmental conflict are significant factors for nurses due to the complex nature of the nursing profession and as such need to be attended to.

Marquis and Huston (2014) discuss the many possible negative outcomes related to unresolved conflict including stress, sickness, reduced job satisfaction, poor communication, distrust, suspicion, reduced functionality, compromised patient care and safety, fear, perceptions of favoritism and exclusion. This list suggests that conflict left unchecked could lead to many potential undesirable aftereffects. Goodacre’s (2017) review of why nurses leave the profession, reveals that workplace disharmony, stress and the resulting professional dissatisfaction contributes to attrition of the work force of certain units or wards. Attrition and constant changes

staff in turn can create more conflict in a feedback loop of resentment, extra workload with ongoing orientation and training and lack of trust establishment with new workmates rotating through the work setting. Stanley and Stanley (2018) summarize that managerial strain from dealing with these types of workload stresses without adequate resources or training, causes internal stress for nursing leaders, which may then be downloaded to staff and floor nurses.

There are several suggested routes to deal with conflict effectively. The varying degrees of efficacy are related to the fit of the intervention to the actual cause. The appropriateness of the chosen strategy will depend on the source of conflict and timing of the intervention, with a clear advantage in “early recognition” of conflict (Stanton as cited by McKibben, p. 101). Determining the exact source(s) of conflict early is dependent upon a nurse’s ability to communicate and develop trust with those around her. Trust is needed for honest relationships to develop and communication and transparency are crucial to unearth the root cause of the conflict. As such, trust building should be developed in this initial stage of conflict resolution to ensure the right interventions are implemented, or nurse leaders run the risk of selecting an inappropriate and ineffectual intervention. Worse, yet, is failing to prevent the undesirable outcome of an ongoing degradation of the situation. Potter (2014) suggests the following techniques (amongst others) to employ effective and therapeutic open communication: active listening, empathy, providing information, clarifying, focusing and paraphrasing. Communication is vital for nurses to identify what intervention is best suited to the conflict presenting in front of them.

In addition, there are alternative constructive conflict resolution tactics for nursing leaders to employ. Further to this idea of early recognition and prevention, nurses must acquire the knowledge and ability to allow for an appreciation for the whole picture of health care

delivery, through a basic “understanding [of] systemic patterns and group patterns” (Gerardi¹, 2015, p. 56). This leads to a broader perspective and deeper understanding of the total story rather than a myopic focus on one-time events. Health care organizations are described as complex and adaptive systems and as such require leadership to take a holistic view looking for emerging patterns to manipulate or discourage (McDaniel, J., Reuben R, Lanham, H. J., & Anderson, R. A. 2009; Sturmberg, J. P., O'Halloran, D. M., & Martin, C. M., 2012). Nursing leaders are more likely to have long term success dealing with conflict utilizing an approach that is directed towards a universal restoration of balance, with built in variability and not singular event focus. Having a universal viewpoint helps direct conflict management to systemic solutions and helps prevent reoccurrence of conflict building events in the whole workplace, rather than just between two people or specific groups.

Critically, there are also interventions that require nurse leaders to make associations between their own behaviours, choices and biases in addition to others that they interact with. Self-awareness is associated with the concept of emotional intelligence and relational ability. Emotional intelligence is defined to be “the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge and to reflectively regulate emotions so as to promote emotional and intellectual growth (Salovey & Mayer as cited by Chan et al. 2014, p.935; Gerardi^{1,5}, 2015). Relational engagement, is the skill of utilizing intentional engagement and intelligence or “the ability to notice, reflect on, and shift personal and interpersonal habits and beliefs” (Gerardi¹, 2015, p. 56; Gerardi⁴, 2015). Part of increasing self-awareness is the commitment and willingness to take ownership of one’s own contribution to conflict, to increase the ability to regulate and be responsible for self-management of emotions (Gerardi^{1,5}, 2015). Self-awareness is important for nurse leaders

dealing with conflict resolution because it allows leaders to understand that others may have different viewpoints and unique challenges.

Further to participating in open communication is the nurse leaders' responsibility to ensure that there is the safety in physical and emotional environments to allow for these exchanges of information to occur. Gerardi³ (2015) suggests providing "opportunities for conversation to understand all stakeholders' perceptions of the conflict" and to "create a safe space for discourse" (Gerardi³, 2015). Depending on how deep seeded or entrenched conflict has become, supplemental and more active interventions may be helpful including providing individual or group coaching, face-to-face conversations, facilitated meetings, collaborative problem-solving sessions, facilitated dialogue, mediation (formal or informal) or story circles as discussed by Gerardi³ (2015). It is up to nurse leaders to make certain that the environments and interventions that foster open communication exist for all that need it.

Effective conflict management requires nurse leaders to foster connections between workmates and interdisciplinary team members. To this end the US Department of Health and Human Services (n.d.) proposes the use of the PEARLA approach. PEARLA is broken down into the following steps: presence, empathy, acknowledgement, reflect/reframe, listening actively and asking clarifying questions (Gerardi⁶, 2015; US Department of Health and Human Services, n.d.). Essential to connecting and cultivating curiosity is the skill of listening to others and to self before forging ahead with presumed answers or solutions. Nurse leaders can encourage connection and engaged listening by employing and modelling the PEARLA approach in all their interactions in the workplace.

Of the many ineffective conflict management tactics used by nurses as a coping mechanism, avoidance could be considered not only one of the most common but also the most

destructive (McElhaney, 1996; Chan et al, 2014). When conflict is avoided, misunderstandings and mistrust are allowed to fester and grow. Poor conflict management tactics can also include the following destructive behaviours such as “bullying, blame and shame, retaliation [and] silence” (Gerardi², 2015, p. 62). Nurse leaders must be aware of the signs and symptoms of poor conflict management in their workplace so that they can appropriately address them.

The implications for my personal practice as a new nurse include prioritizing the examination of where my strengths and weakness lay with regards to informal leadership, conflict management and emotional intelligence. I will endeavour to become conversant and competent in conflict engagement by selecting continuing education to fill that need. In addition, I think it prudent for me to seek out mentors within my eventual workplace to model and learn the behaviours of good leaders.

Nurse leaders need to be aware of the negative implications from unresolved workplace conflict. The causes of conflict can be either inter-personal, intra-personal or environmental or potentially any combination of the three. There are multiple ways to tackle conflict, the foundational common ingredient being the creation of relational interaction based on trust and open communication between the involved parties. Transparency, fostered by safe environments, therapeutic communication, self-awareness of leaders and an understanding of workplace dynamics all serve nurses in developing their leadership skills. Nurturing connection between interdisciplinary team members can also help nurses to successfully engage in conflict resolution. As confirmed by Wong, Cummings & Ducharme (2013) nurse leadership that is based in relationship building helps resolve conflict and by creating a reduction in adverse patient events and better patient outcomes, through positive leadership impact on human resources which improves staff expertise, reduces turnover, absenteeism, overtime and nurse to

patient ratios. All nursing leaders, whether informal or designated officially will inevitably deal with conflict in the workplace. For the betterment of the profession, conflict awareness and resolution both need to be integrated into the skill set of nurses for improved career satisfaction and better patient outcomes.

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