Conflict management (part 2)

In the previous paper in this series we identified how conflict arises in the care sector for a variety of reasons. We saw that chief among these reasons were issues relating to poor, or absent communication as well as feelings of inadequacy. We identified how conflict often arises from a misconception or misunderstanding of a situation, including between patients and staff and between staff.

In this paper we will consider some of the strategies which might be used in the clinical setting to help reduce the incidence of conflict. These will focus on strategies used to help prevent any form of conflict arising, while in subsequent papers in this series we will consider how to de-escalate and manage conflict once it has arisen.

KEY WORDS
- Conflict
- Communication
- Distress
- Emotions
- Emotional intelligence
- Stress

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In the previous article we identified that conflict, when not properly managed or ignored, can lead to more conflict, as well as stress for all involved. We identified that avoidance of conflict is one of the main strategies that nurses use when faced with potential conflict situations. We saw how managers have a duty to address conflict for the wellbeing of staff.

REDUCING CONFLICT BETWEEN STAFF

Of course prevention is better than cure every time. When it comes to conflictas we have seen health professional, or their manager, may have little, or no, control over when conflict breaks out. That said, preventing the opportunity, or reasons, for conflict, and dealing with it in its early stages both have a key role to play.

When considering the management of conflict in the healthcare setting, we also need to think about who may be in conflict with who. Key among the strategies for managing conflict between staff members is the way in which a service is run. Classically, theorists like Handy (2020) call the feel of a team and the ways in which they interact their culture. Patton (2014) identifies that such conflicts are driven by issues such as differences in the values of staff, blurred role boundaries and battles for limited resources. Understanding this provides some clues as to how, what Patton (2014) calls the 'antecedents' of conflict might be avoided.

Managers and leaders need to promote cultures where staff feel appreciated, understand their roles and work to a shred set of values. In their study of what Dutch nurses believe to be important in their work environment for creating positive patient experiences, Kieft et al (2014) identified how nurses feel managers need to foster a positive team spirit, while also being able to manage conflicts when they arise. Similarly, in their study into nurse retention and issues, such as perceived workplace incivility, Olubunmi et al (2013) unsurprisingly found a positive association between the perceived incivility of the workplace and nurses' intentions to leave.

These suggest that leaders and managers have a role to play in ensuring that their workplaces foster positive cultures of care, in which mutual respect between all grades of staff is the order of the day. This requires that the manager considers their own role in setting the tone within the team, which will certainly require them to exercise emotional intelligence in their dealings with staff (Ellis, 2017).

Employing emotional intelligence strategies in the workplace mean managers learn to understand the issues and behaviours that other see as divisive and use that knowledge in their interactions with others employing the language of emotion to help diffuse tensions and create positive workplaces. Notably, some commentators suggest managers need to ensure they act fairly in all their dealings with staff, including in creating ground rules for behaviour and the application of discipline (Piryani and Piryani, 2019).

REDUCING CONFLICT WITH SERVICE USERS

Healthwatch (2019), the independent body that

champions the rights of service users in health and social care, identify that although the number of complaints received by the NHS has remained relatively static in recent years, complaints about communication had increased by 25% in the four years to 2019. In the same vein, the NHS e-learning Repository (2015), identifies among the causes for conflict in the clinical setting issues, such as perceived poor levels of service, extended waiting times, issues accessing services, delayed or cancelled appointments, as well as heightened states of anxiety, vulnerability and mental illness.

These observations start to provide significant clues as to why conflict might erupt in healthcare settings as people who are vulnerable experience what they perceive to be, rightly or wrongly, poor performance. These clues provide us with ideas as to what the solutions to this might be. That invariably, as with conflict between staff, points to the need to get communication right.

The NHS e-learning Repository (2015) go on to point out how much of the annoyance patients feel is not directed towards individuals, but rather the systems they don't understand, which seem unfamiliar or appear unwieldly. This includes things like the way signage is created and used as well as how buildings are laid out.

The observation here is simple, if a healthcare leader or manager wants to reduce the incidence of conflict with patients and other service users and visitors, they need to consider their services from the point of view of the people who are using them. Again this is about employing some emotional intelligence.

If people feel ill informed, it is not too much to ask to inform them, and to do so in a way they understand, and which conveys that they are important to the service and not merely another number.

Some simple examples of scenarios where people may feel that they are not being treated well, or fairly, posited by the NHS e-learning Repository (2015) include when someone attends a drop-in clinic and fails to realise they need to take a ticket and, when a patient is told a consultation cannot happen because their consultant is attending an emergency. In both cases, a failure to communicate properly and in a way the person can understand, or empathise with, has the potential to provoke an angry response, while an empathic and practical response — perhaps bumping the person up the queue, providing an appointment with an alternative doctor or an appointment at a date to suit the individual — may be all that is required to prevent the issue escalating.

Sherwin et al (2013) when discussing the issue of managing the waiting room in the primary care setting, identify some simple strategies that both occupy the people waiting and add value to the consultation. These include using the wating time to administer validated health questionnaires — such as those for depression, or back pain — proving people with prompt sheets so they can sit and plan what they want to say in their appointment and providing healthcare related education within the waiting room to occupy time. These not only then distract people from the interminable wait, but they have a potential clinical benefit.

Elsewhere, Ellis (2022) makes the observation that people who are left waiting in a waiting area for a healthcare professional who is running late are far more likely to be OK with it if they are kept informed, and their need to be informed is being met, than they are if the receptionist fails to keep them informed.

CONCLUSION

In this paper we have considered some of the issues that may give rise to conflict within the healthcare setting. We have considered how conflict between staff may arise from a variety of causes that can include poor inter-staff communication, a lack of role clarity and the failure of the leader to ensure all staff are working to a shared set of values. We saw that one solution to this was for the manager to work in an emotionally intelligent way ensuring staff understand their roles and their values, but also responding to their emotions when they feel slighted.

We saw how service users may be justifiably upset if they feel they are being treated as inconsequential by the monolith that is health and social care. Furthermore that creating environment of care which people can relate to helps overcome this, as does good communication.

In the subsequent papers in this series, we will consider the strategies health professionals might

use to manage conflict when it arises, be that with other professionals or service users.

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