

Conflict management (part 1)

This first paper in a mini-series on conflict management outlines what conflict is, what causes conflict and why managing conflict is important. This is often particularly relevant in health and social care settings, as these are environments where emotions can run high, and both physical and mental stresses can occur. Future papers in this series will include practical tips and strategies for preventing and managing conflict in health and social care settings.

KEY WORDS

- ▶ Anxiety
- ▶ Conflict
- ▶ Confrontation
- ▶ Disagreement
- ▶ Distress
- ▶ Emotions
- ▶ Stress

Wherever people work or meet together, there is the potential for conflict to arise. Nowhere is this more likely than in situations where people are in pain, distress, are anxious or where there is significant risk of a difference of opinion over issues that are highly emotive. Health and social care settings are, by definition, places where emotions can run high, and people can be emotionally affected by ill health and the attendant physical and mental stresses that accompany this.

In such highly emotive settings, there is the potential for conflicts to emerge between patients and staff, visitors and staff, staff and other staff or any number of combinations of these. Some of this is predictable; in other cases, other considerations are in play, such as mental health issues or previous bad experiences.

Understanding the issues that contribute to conflict allows health and social care staff to be alert to ways in which they might both prevent conflict and manage it when it arises. This paper, the first in a mini-series considering conflict in health and social care settings, will identify some of the causes of conflict as well as why it is important that staff and managers are conversant with various strategies for its prevention and management.

WHAT IS CONFLICT?

The reasons why conflict emerges and the ways in which it manifests vary widely. In essence, conflict arises when people disagree about something, when people's needs (or wants) are not met, or when people interpret a situation in a particular way whether their interpretation is correct or not (Ellis, 2022). Kim et al (2017)

identify workplace issues such as organisational behaviours, individual staff behaviours and personal perceptions and beliefs as contributing to conflict generation. What we see emerging here is the notion that a lot of conflict arises as a result of how individuals interpret an interaction or situation, which may or may not reflect other people's reality.

Most conflict in health and social care settings is verbal, although physical confrontations are, sadly, increasingly common (Vento et al, 2020). Much physical conflict arises out of a verbal confrontation that is not properly, and promptly, dealt with. In their survey of the reasons for the eruption of violence in the hospital setting, Shafran-Tikva et al (2017) identified issues relating to staff behaviour, patient behaviour, the hospital setting, professional roles, and waiting times as contributing factors. Notably for healthcare professionals, staff identified their own role in contributing to the violence in over a third of situations, with almost half of all episodes of violence being associated, by staff, with the behaviours of other staff members (Shafran-Tikva et al, 2017).

It is easy to identify potential reasons for conflict in the health and social care settings: for example, poor information-giving about waiting times, treatments and the welfare of loved ones. All of these can create situations where patients and visitors feel slighted, disrespected and as if they are being treated as irrelevant – which, regrettably, in many cases could be true. Similarly, the reasons for conflict between professionals may be driven by disagreements about care, feeling as if the other party is disregarding one's opinion and poor communication.

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The common thread in all of these scenarios is the lack of good communication, alongside a perception that the other party is being disrespectful. The emerging conflict prevention role of the health and social care professional is therefore centred around showing respect and improvements in communication.

WHAT CAUSES CONFLICT?

There is little doubt that much of the conflict experienced in the health and social care setting is related to the nature of the work that takes place there. Such environments often induce anxiety in people who are unwell, or whose loved ones are unwell, as well as being alien to many people who also feel out of control of the situation in which they find themselves. Such sentiments give rise to feelings of inadequacy and vulnerability, which may induce some people to act in ways that do not represent how they usually behave (Kim et al, 2016).

Feelings of vulnerability in health and social care settings are not confined to patients and visitors, with the hierarchical nature of many teams creating scenarios where even health and social care professionals feel intimidated. Moreland and Apker (2016) report, for example, how feelings of exclusion, unsupportive behaviour and perceived disrespect contribute to the generation and propagation of conflict between nurses, as well as between nurses and other professionals. It only takes a small amount of imagination to understand how being a patient in a strange setting where people use language one does not understand and make decisions one is used to making for oneself, might also be interpreted as exclusionary, unsupportive and disrespectful. People who feel side-lined, be that genuine or perceived, will respond in ways they might instinctively regard as protecting their interests, which may generate conflict where previously there was none.

In some situations, patients and their loved ones may have genuine and reasonable grounds for becoming angry with the people who are providing their care. Such anger may arise because of mismanagement, sloppy or negligent care, and treatments that lead to negative consequences for the individual. Other patients may become angry

because they are affected by mental health issues (Chipidza et al, 2016) or cognitive decline.

While understanding the cause of the complaint is important, much of the management of conflict in the health and social care setting relies on similar strategies, as we shall see.

WHY MANAGE CONFLICT?

Lahana et al (2017) report the predominant conflict management style among nurses in their survey was avoidance. The problem with avoidance is that it allows some situations to grow and develop, and it validates the behaviours of people who are being confrontational. In both cases, this perpetuates conflict and can lead what might have been a genuine exchange of opinions towards conflict, bullying and potentially violence. Once again, avoidance can look like someone is being ignored and that their issues are regarded as irrelevant, thus perpetuating conflict development.

Unchecked, conflict can have a negative effect on all of the people involved, as well as those witnessing it. Ongoing exposure to conflict that is not resolved will contribute to staff stress, distress, anxiety, depression and burnout. In their survey among nurses working in emergency departments in Turkey, Pinar and Ucmak (2011) identified increased sickness absence and ongoing feelings of not being safe, resulting from experiences of violence in the workplace.

In the UK, health and safety legislation identifies one role of the manager as being the protection of the health and wellbeing, including mental wellbeing, of staff. This requirement also applies to individual staff, who must cooperate with management in developing safe workplaces and safeguarding their own, and other people's, wellbeing (Chartered Institute of Personnel and Development, 2021). Clearly, therefore, environments in which conflict is ignored and allowed to grow are not in anyone's best interests.

Conflict between professionals in the care setting is also said to have a detrimental impact on the quality of care experienced by patients. In their qualitative study into the experiences and perceptions of healthcare professionals relating to conflict, Cullati et al (2019) identified how, in about 40% of cases, conflict was seen to affect

the timeliness, patient-centredness and efficiency of care. Notably, these impacts themselves were reported in some situations as then being the cause of further conflict (Cullati et al, 2019), and so the lack of resolution is seen not only to perpetuate the issue but to generate new conflict.

CONCLUSIONS

In this paper, we have identified some of the forms conflict takes. We have identified that preventing and managing conflict may have an important role in protecting the welfare and wellbeing of patients, visitors and staff. We have seen how environments in which care takes place can be breeding grounds for discontent and conflict, some of which is due to misconceptions and misunderstandings.

In the subsequent papers in this series, we will consider some strategies for preventing and managing conflict in the health and social care setting.

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