

Conflict management (part 3): dealing with conflict

In the previous paper in this series we identified some of the situations in which conflict might arise in the health or social care setting (Ellis, 2022a). We said much conflict arises as a result of poor communication, be that between staff or between staff and patients. We considered how patients may become agitated when they feel they are being treated badly or that the system just does not care about them. In this paper we consider some of the strategies a health or social care professional might use in order to defuse conflict situations.

KEY WORDS

- » Conflict
- » Communication
- » Distress
- » Emotions
- » Emotional intelligence
- » Negotiation
- » Stress

In previous articles we identified that the antidote to many of these issues is good communication, clear team values, the exercise of emotional intelligence and the use of empathy. Sadly such working practices are not always evident in health and social care and even where they are, conflict can arise. Here we present some of the strategies a health or social care professional might use to defuse conflict situations.

Simple conflicts

Many simple conflicts arise, as previously stated, due to absent or poor communication (Ellis, 2022b). Most, but not all, conflict in the NHS is verbal (Vento et al, 2020). Verbal conflict presents the health or social care professional with many challenges, but simple conflict is best managed simply, when and where it breaks out, failure to do so can give rise to escalation from verbal to physical conflict, much of which is avoidable (Ellis, 2021).

The simple and often only solution is to communicate (Grubaugh and Flynn, 2018). Communication is not the same as talking, it is taking the time to actively listen and understand the issues that have given rise to the conflict, demonstrate some empathy and understanding and then supply an explanation and an apology.

Managing conflict early is about the exercise of emotional intelligence on the part of any member of the team. As noted in the first paper in this series, healthcare professionals relate how they, or their colleagues, often play a role in the escalation

of conflict through their own behaviours (Shafran-Tikva et al, 2017), this more often than not relates to poor communication and a lack of emotional intelligence. Taking time, showing empathy and offering an apology all contribute toward making the person at the centre of the conflict feel valued. Often that is enough whether the person involved is a patient or a colleague.

Where the simple conflict is between staff, again, early intervention plays a role in preventing the situation from escalating. The role of the manager here is to get the two parties communicating as identified above so that people start to feel valued.

Notably many commentators, Moreland and Apker (2015) among them, suggest that nurses need to get used to seeing conflict in a positive light, as something not abnormal, but as a potential catalyst for change and development. The suggestion being that treating conflict as a negative, frames it as something to be avoided or side-stepped, when in fact, dealing with it positively is better for nurses' mental health and wellbeing and can lead to improvements.

As well as communication strategies that will almost invariably help with defusing simple conflicts, the health or social care professional needs to understand the other tools that may be used to defuse and manage more ingrained or escalated conflicts.

Negotiation

Negotiation is the simplest level of conflict management after communication. For

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negotiations to be successful, both sides in a conflict need to agree that they want to resolve the issue by talking. Invariably negotiation requires an element of compromise on the part of all parties in a conflict or dispute (Ellis, 2022b). If people in conflict are not willing to talk with this in mind, then any attempt at negotiation will fail.

With negotiation, there are in essence six stages the individuals involved need to go through. During preparation the parties need to consider what is causing the conflict from their point of view, what they are willing to concede as part of a compromise, as well as what they will accept as to how the negotiation is handled. Second the parties need to make plain what their issues are. This may, for example, mean one individual stating why they are upset or angry and the other identifying their displeasure at the behaviour of the other. In this phase of the process, each party should identify to the other what they want as an outcome. This may be as simple as to have the reason for their upset acknowledged and considered against a change in behaviour or an apology.

The third stage is where each party gets to clarify their position. They might identify why and how they disagree with the other party, if this is the case, and work towards some of understanding of the other persons view of the conflict.

During the fourth stage the identified issues and problem need to be resolved. In this phase of the negotiation, each party must be willing to shift their position and make concessions in order that the negotiations move towards some form of resolution. This is a challenging phase of the process and each party needs to manage their expectations and emotions for it to progress or further conflict might arise. At this stage the skills of active listening and the use of emotional intelligence are particularly useful.

In stage five the parties need to come to some resolution, a conclusion, as to what they have agreed and why — agreeing the way forward (Tjosvold et al, 2019). It is important that the discussion does not stop abruptly at this point and that the parties involved thank each other for engaging with the discussion.

Stage six is where the parties put into place what they agreed if they have not already done so during

the negotiation. In the team setting this will need to be monitored to ensure the agreement is followed.

Mediation

If negotiation fails, the healthcare professional can consider using a mediator to help resolve the conflict. Mediation is in essence negotiation with a third party. Research by Guidroz et al (2011) suggests there is a broad preference for this style of conflict resolution among nurses, doctors and patients, although other research suggests nurses are not necessarily willing to engage with it (Cheng and Le Roux-Kemp, 2017). In particularly difficult conflicts, it is wise to engage a mediator who is both trained and experienced as well as removed from the situation so that both sides are comfortable talking to them. The mediator will take the parties through the stages identified above and try to negotiate, mediate, an agreement between them.

Arbitration

If negotiation and mediation have failed to resolve a conflict, the final, non-legal, means of resolving a dispute is arbitration. Arbitration requires a third party to listen to both sides of an argument and come to some decision about how the conflict will be resolved. With arbitration, the parties involved in the conflict need to agree to be bound over by the decision of the arbitrator (Ellis, 2022b).

The arbitrator must therefore be neutral, agreed by both parties in advance, take the time to listen to both parties in a conflict and be able to take an informed and non-biased view of the conflict before arriving at their conclusions. If non-legal arbitration fails then a conflict may need to be resolved in law, which might include legally binding arbitration, so it is important that all parties in a conflict make every effort to enable it to work.

CONCLUSION

Here we have identified the important role that good communication might play in preventing the escalation of a conflict and how communication is as much about active listening as it is about stating a case. We have identified the role of negotiation in resolving conflicts in a way that enables the parties involved to come to a compromise of their

own design and the stages which are involved in achieving this.

We have seen that mediation and arbitration, which involve a third party can be useful in resolving conflicts which run deeper and have not been resolved by negotiation. In the final paper in this miniseries on conflict management, we will consider the strategies a manager may need to employ to help with the aftermath of a conflict especially one which has had a negative impact on an individual team member or members of the team as a whole.

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To those who have given their lives
in the service of health and social care



You will never be forgotten
we will be indebted to you forever

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