5.4: How to arrange the minds of nurses; introduce a study about aspects of avoidance of conflict between nurses and patients, according to gold nurses, expert or veteran nurses- A program for raising the quality of nursing

Aim

The purpose of our study was to ascertain, via language (text), methods of avoiding conflict that could have an impact on the quality of the nursing provided by nurses to patients, with a special focus on Gold Nurses (or Expert Nurses).

Operational Definitions

“Gold Nurses”: Nursing professionals who have served as, for example, managers of clinical nurses, public health nurses, and so forth, who continue to work as nursing professionals after retirement, upon registration with the Osaka Municipal Government nursing professional organization. No other prefectures in Japan use this specific term. This term is used to distinguish such nurses from "Expert Nurses," who are still employed (i.e., not yet retired).

Methods

Subjects

Subjects were five persons registered as “Gold Nurses” with the Japan Nursing Association. Data collection was performed in May 2015, a time that suited the schedule of the Regional Public Health Division. Semi-structured interviews were conducted with the subjects, based on an interview guide. The mean interview time was approximately 50 min per person. After obtaining consent from the subjects, the interviews were recorded using an IC (integrated
The interview guide, which was based on Robbins’s conflict processes, was concerned with the settings and situations (including latent elements) of conflict occurrence within clinical practice, ways of responding to and avoiding conflict, and methods of handling conflict [27].

**analysis**

The interview contents were transcribed verbatim, and morphological analysis was conducted on the textual data. To ensure that there were no discrepancies in meanings, the words were ordered and a dictionary was created; thereafter, using IBM SPSS Text Analytics for Surveys 4.0.1, the data were analyzed with Statics ver. 22, R ver. 3.1.3.

To ensure accuracy during the analysis process, we were supervised by a university professor who is an expert in text mining.

**Ethical considerations**

Prior to the interviews, a briefing meeting was held with the subjects, where the aspects of the study were explained verbally and in writing; interviews were conducted with subjects who consented to participate, with the guarantee that the said consent could be withdrawn at any time, without any penalties. The ethics committee at the researcher’s affiliate institution (Consent Number 1) granted approval for the commission of the study.

**Results**

**Demographic characteristics**

All the participants were female, with a mean age of 63.5 ± 0.48 years, and mean work experience of 40.5 ± 0.38 years as nurses.

**analysis**

- **Frequency analysis**

  Frequency analysis is the frequency of the appearance of words in morphological analysis. The top five words in order of frequency, from 1 to 5, were “Nurse,” “Patient,” “Care,” “Guard,” and “Soul.”

- **Cluster analysis**

  “Cluster analysis” comprises a variety of mathematical methods, used to identify similar items in a dataset.

  In this instance, distance between items was determined using the Jaccard method and, on the basis of the dissimilarities found, clustering was performed using Ward’s method. The numbers in the upper portion of Figure 1 show the bond distance between the clusters.

  It should be noted that the greater the similarity between clusters, the smaller the number indicating distance, thus, one can see the unique closeness of the clusters, “Mind-Body-Soul Commit” and “Distant Appropriate.”

  ![Figure 1](https://med.libretexts.org/Bookshelves/Nursing/Nursing_(Ulutasdemir)/05%3A_How_to_Solve_Conflicts_between_Nurses_an… Updated: Tue, 20 Sep 2022 17:52:25 GMT Powered by 2)
Our fundamental network analysis is one widely used in various fields, including sociology and communication networks, and is based on the mathematical graph theory; as shown in the figure. It comprises V: Vertex (vertices), depicted in the form of a circle, and E: Edge (edges), depicted as a line.

Specifically, expressed words that were in a co-occurrence relation are shown as lines, the size of the circle shows appearance frequency, and the thickness of the line shows the relative strength or weakness of the co-occurrence. In this figure, the darker the color, the greater the emphasis. In addition, the separate figure shows the characteristics of co-occurring words.

In relation to “Bed・Accidents,” one can identify concern regarding an accident involving falling from a bed. “Consider・Doctor・Differences” a concept that differs from “medical doctor.” The cluster, “Trouble・Solution・Physical Restriction・Together,” indicates nurses wondering whether physical restriction (restraint) of patients would lead to the resolution of problems. “Nursing・Novice・Nurse・Output・Trouble” indicates problems that could occur in relation to novice nurses. “Appropriate・Distant” and “Customer・Family” show the nurse maintaining an appropriate distance from the patient and his/her family. “Commit・Mind-Body-Soul” clearly shows a commitment to both the physical and mental aspects of patients. “Helping・Soul・Life・Guards” means that assistance in the patient’s life constitutes “guarding” (protecting) the soul, or does it perhaps mean that if one’s life is under guard, then it follows that the soul is also under guard? In “Daily Living・Create・Accomplish,” we learn that there is “creation” of daily life. “Nursing staff・Believe” indicates that the Expert Nurse has trust in her staff (Figure 2 Co-occurrence network analysis where gold nurses avoid conflicts).

Excerpts from the text (language) data

1. As a foundation for securing nursing quality, the avoidance of an accident in a nursing situation is most important. Such a situation causes mental discord within a nurse. Although it is possible to restrain a patient, so as to prevent injury to the patient or to prevent an accident, can one really guard a patient and his or her family’s soul?

2. We, nurses, are proud to be guarding the souls of our patients.

3. Doctors protect (guard) life as their first priority. We, nurses, protect (guard) the soul as well as the body.

4. The most prominent concern in the mind of a novice nurse is to avoid causing an accident; she (he) might even, at times, forget that the patient is a person. However, that would cause problems between the nurse and the patient, or the patient’s family. Yet, I still carry on with my work, while trusting novice nurses and our staff.

5. We are deeply committed to our patients. Meanwhile, we discern aspects within our patients and their lives that we should not delve into.

Discussion

Nurses have an awareness relating to the question, “What can I do, as a nurse?” (or, “What can we do, as nurses?”). The authors believe that it is precisely such dedicated thinking that raises nursing quality. The Gold Nurses in our study each have very substantial experience working as nurses. The amount of experience in this regard not only shows an accumulation of years, but also indicates refinement of the nurses’ theories and conceptualizations, as a result of facing
numerous actual situations [32].

The concrete meaning of “guarding the patient’s soul” is the fact that the nurse continues to provide care, from the emergency (acute) period through to social rehabilitation; in other words, a nurse’s pride is the fact that she (or he) never saves only a life, even in emergency situations. Further, the fact that nurses are deeply committed to their patients indicates insights about their consideration of others, from feelings cultivated during training, to their working together with patients and their families, so as to create and nurture everyday lives, while also recognizing areas that a nurse should not delve into. On this basis, these nurses can avoid conflict in their relationships with patients and families.

Research on customer satisfaction is quite established in business management studies; SERVQUAL is a popular scale for measuring the gap between expectations of general services and customer satisfaction. The five service dimensions comprising this concept are identified as Reliability, Tangibles, Responsiveness, Assurance, and Empathy [33, 34]. Meanwhile, in a study focusing on nurses, Koerner states that, while the conceptual zones of service quality are clarified in Parasuraman et al. [35], these are not completely accurate for nursing services provided to inpatients. Rather, Compassion, Individual Care, Close Relationships, Uncertainty Reduction, and Reliability are appropriate for the latter instance. Beltrán went on to state the following: “The interaction between patients and nurses goes through various stages until achieving the necessary empathy, compassion, affection, and familiarity to account for humanized care [36].”

In our study, Guarding the Soul, Deep Commitment, and Determining an Appropriate Distance from Patients, were cited as important elements in the configuration of nursing services, the type that Gold Nurses are especially proud of. Although there are reports concerning “Spiritual Care,” a concept with a meaning similar to that of Guarding the Soul [37, 38], with regard to the idea that “life” includes the “soul” of the patient in the nurse-patient relationship, we found the following quote by Cumbie to be especially relevant: “Reflected self-awareness is the key to perception of self within the context of human experience.” [39]

**Conclusion**

Gold Nurses (or Expert Nurses) guard their patients’ souls, and while deeply committed, they maintain an appropriate distance, thus, avoiding conflict with patients and enhancing the quality of nursing.

**Relevance to Clinical Practice**

The methods that Gold Nurses (or Expert Nurses) have devised to interact with, and give satisfaction to their patients, raise the quality of nursing. Such can serve as references for novice nurses still worrying about their relationships with patients, in that, if training is provided in such methods, then nurses would be able to gain such valuable experience without having to rely on working as a nurse for many years.

**Limitations**

A limitation of our study was the fact that we investigated only the perspectives of nursing service providers. In future, there will be a need to consider issues relating to nursing services from patients’ perspective, as well. I appreciate those concerned who cooperated until the completion of the author. To consider nursing service from the Japanese culture. This idea represents the characteristics of interpersonal culture of the Japanese. At the root of the research, we think

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that the human relationship between nurses and patients is universal.

Acknowledgments

I deeply appreciate my friends who supported me.