11.7: How to get off the Spiral- Stopping Escalation

An appropriate level of risk must be taken by the individuals involved to de-escalate the conflict. Taking these risks can be scary as it requires people to be vulnerable and express emotions. A nurse leader’s emotional intelligence plays an important role in the de-escalation of conflict. By taking risks to de-escalate conflict, whether the result is successful or unsuccessful, the nurse leader sends a message of wanting to rebuild trust, respect, and effective communication. Risk taking can also provide an opportunity to make necessary change by learning and developing new behaviours and capacities to work effectively as individuals and as work units.

Typically, when conflict is not de-escalated and resolved appropriately, it results in more conflict in the relationship. The relationship continues in a state of heightened sensitivity to actions, and assumptions can be formed quickly. Actions that may previously have been viewed as innocent or acceptable may be perceived as threatening. Every unresolved conflict reduces the time it takes to get to the top of the tornado because of this heightened sensitivity. The following steps are suggestions for use at every stage of conflict escalation. The ability to harness fear and be vulnerable is a critical step for de-escalation.

**Figure 11.6.1 Steps to De-Escalate Conflict**
Research Note


Article review

The study outlined in this article takes a qualitative, descriptive approach, which includes case studies used as an investigational strategy to determine the main conflicts experienced by nurse leaders in the hospital environment, as well as the strategies adopted for dealing with such. The study included 25 nurses in three hospitals in Florianopolis, Santa Catarina, Brazil. Semi-structured interviews, non-participant observations, and dialogical workshops were used to collect data. A thematic analysis was undertaken to analyze the data gathered. What the study found was the most prevalent conflict that emerged in the health sector stemmed from the interpersonal relationships of those working in the health field. The study also put an emphasis on the power dynamics that could relate to the interpersonal conflicts in the health sector.

The study found that management of these interpersonal conflicts is necessary, as are strategies to deal with them. Management of these interpersonal conflicts is critical to the health sector because of the paralysis or overwork that can accompany conflict in nursing teams, and between nurses and other health professionals, such as physicians. The best strategy outlined in this study for dealing with interpersonal conflict is a democratic, involved style where team members are included in decision making. The impact this will have on the field of nursing is encouraging. The authors recognize a limitation of this study: the fact that the availability and shift patterns of nurses make it difficult to perform the involved
kind of research undertaken in this study. What is hoped is that this information will encourage the integration of interpersonal conflict management training into the work and training materials provided to nurses through their education.