11: Summary

SUMMARY

Conflict is inevitable, especially for leaders. Effective nurse leaders invest time understanding the causes of conflict and learn how to manage and resolve it. The first step to managing conflict is to reflect on your own experiences and understand your personal approach to conflict. After learning their own preferred style, good leaders learn to understand the styles of others and adapt their approaches accordingly. They observe and practice de-escalating situations and coaching people toward resolution. Fortunately, managing conflict is not something to be feared; rather, it is something that can be learned and practised. It just takes time.

"Change the way you think about disagreements, and how you behave during conflict. Be willing to listen, engage directly, constructively, and collaboratively with your colleagues."

—Cloke and Goldsmith, 2011

After completing this chapter, you should now be able to:

1. Describe the different causes of conflict.
2. Verbalize the different approaches to managing conflict.
3. Recognize how conflict escalates.
4. Adapt your approach to conflict.
Exercises

1. Read this scenario and answer the questions that follow.

Jill and Neil are both nurses working the same shift. Jill is responsible for patients in rooms 1–6 and Neil is responsible for patients in rooms 7–12. Over the course of their shift, both nurses routinely visit their patients’ rooms to take vitals and deliver medication.

On one of his rounds, Neil attends to his patient in room 8. He reads the chart and notices Jill’s initials signaling that she had already checked on this patient. A bit confused, he continues on to his next patient. After another hour goes by, Neil returns to room 8 and again notices Jill’s initials on the chart. Neil thinks to himself, “What is she doing? I’ve got it covered. She’s checking my work. She must think I’m incompetent.” Neil decides to approach Jill and see what is going on.

Questions:

a) What might have been the initial cause of the conflict?

b) What kind of conflict did it turn into?

c) If Neil provides Jill with a copy of the room assignments, would that resolve the conflict?

2. Read this scenario and answer the questions that follow.

A nursing team is having a routine meeting. One of the nurses, Stephen, is at the end of a 12-hour shift and another nurse, Tanya, is just beginning hers. Tanya is a senior nurse in the unit with over ten years’ experience on this specific unit. Stephen is new to the unit with less than three years’ experience in nursing. Tanya has been asked to present information to the team about effective time management on the unit. During Tanya’s presentation, Stephen is seen rolling his eyes and talking to other members of the team. Tanya breaks from her presentation and asks “Stephen, do you have anything to add?” Stephen replies, “No, I just don’t know why we need to talk about this again.” Tanya chooses to avoid engaging with Stephen further, and finishes her presentation. Stephen continues to be disruptive throughout the presentation.

After the meeting concludes, Tanya approaches Stephen and asks if he had anything to add from the meeting. Stephen replies, “No, I don’t have anything. I just think we all know what the procedure is because we just learned it all during orientation training. Maybe if you don’t remember the training, you should take it again.” Tanya is shocked by his reply and quickly composes herself. She states, “Stephen, I have worked on this unit for over ten years. I was asked to present that information because there are current issues going on among the staff. Next time please respect my authority and listen to those who come before you.”

Questions:

a) What types of conflict are present?

b) What will need to happen to resolve this issue between Tanya and Stephen?
3. Take a moment to think about what your preferred approach to conflict may be. How might you adapt your approach to conflict when working with others?

4. Read this scenario and answer the questions that follow.

Connie, the head nurse on Unit 7, is a respected member of the team. She has been working on this unit for a number of years and is seen by the other nurses as the “go to” person for questions and guidance. Connie is always thorough with patients and demonstrates excellence and quality in her work. Dr. Smith is a well-respected member of the medical profession and an expert in his field of medicine. He has a reputation for excellent bedside manner and is thorough in his approach with patients.

Connie is four hours into her 12-hour shift when she is approached by Dr. Smith. He asks, “Connie, why has the patient in room 2 not received his blood pressure medication over the past few days? I was not notified about this!”

Connie, trying to find a quick solution, replies, “I didn’t know that patient had been missing medication. I’ll go check on it and get back to you.”

Dr. Smith is persistent, saying, “You don’t need to go check anything. I know this patient and should have been informed about the withholding of medication and the reasons why.”

Connie, again attempting to find a resolution, states, “Well, there must be some communication about this change somewhere . . .”

“There isn’t!” Dr. Smith interrupts.

Connie becomes upset and decides to leave the conversation after declaring, “Fine, if you know everything then you figure it out, you’re the one with the medical degree, aren’t you?” She storms off.

Connie makes her way to the nurses’ station where Dan and Elise are assessing charts and says to them, “You will not believe what Dr. Smith just said to me!”

Dan and Elise look shocked and ask “What?”

Connie explains, “Well, he thinks I don’t do my job, when really we nurses are the ones that keep this unit going. Who is he to question my ability to look after patients? I am the most knowledgeable person on this unit!”

Dan and Elise don’t know how to reply and decide to avoid the interaction with a simple “Oh yeah.”

Meanwhile, Dr. Smith has made his way to the doctor’s lounge and finds his colleague Dr. Lee. Dr. Smith tells him, “That head nurse on Unit 7 is useless. She doesn’t know what she is doing and doesn’t understand that we must be informed about changes to our patients’ medications, does she?” Dr. Lee nods quickly and returns to reviewing his file.

About three hours later, Connie and Dr. Smith have each spoken to several people about the interaction. Connie bumps into another nurse, Jessie, one of her best friends. Connie pulls Jessie aside and says, “You will not believe what I just saw. I was going into the admin office to file my holiday requests and out of the corner of my eye, I see Dr. Smith lurking around the corner, pretending to look at a chart, spying on me!”

Connie is relieved that Jessie is taking her side—it makes her feel like she is not going crazy. “Yeah, I’m really getting worried about this. First that creep is accusing me of not doing my job, then he is wasting his time spying on me. What a loser! Maybe what I should do is file a complaint. That’ll show the “big man” that he isn’t that big around here and maybe take him down a notch.”

When Jessie gives her an apprehensive look, Connie continues, “Oh Jessie, don’t worry. I have a perfect record and this won’t affect me. Even if it does, I will have done something good for all the other nurses around here. It is the principle of the matter at this point.”

Meanwhile, Dr. Smith has run into an old classmate of his, Dr. Drucker, and says, “Wow! You got hired! So happy to have you in the hospital. I do need to tell you though to be careful of the head nurse on Unit 7 . . .” Dr. Smith describes his troubles with Connie and adds, “She’s a real snitch! She makes trouble out of nothing. I was reviewing a chart down the corridor from the admin office, minding my own business and actually getting my work done, when I saw her slip into the admin office to squeal about me to the top bosses! This is something that needs to be watched! We can’t have people reporting doctors to administration over nothing. I think I’m going to write her up and get a black mark on that perfect record of hers. I will be fine—everyone knows I’m right. There will be consequences for her.”

Questions:

a) Using the scenario above, identify the stages of the conflict escalation tornado.

b) What suggestions might you give to Dan, Elise, Jessie, Dr. Lee, and Dr. Drucker about how to respond to Connie and Dr. Smith?

c) How do you think this conflict will be resolved?

REFERENCES


