Nurses comprise the largest professional group in healthcare and may find they are caught in the middle of workplace conflicts they are ill-prepared to deal with. Much of their training revolves around demonstrating caring and compassionate behaviour (Northam, 2009; Askew et al, 2008; Johnson et al, 2007), with little preparation for conflict management. This article explores what causes conflict, the stages it follows and on what people need to reflect to be better able to deal with it.

The NHS is the largest employer in Europe and the fifth largest in the world, with over 1.7 million staff (Nuffield Trust, 2018). It is considered inevitable that, in such a complex and multiprofessional system, conflicts will occur (Kaitelidou et al, 2012; Hendel et al, 2007). Working in healthcare is emotionally and physically demanding, and can be exacerbated by long hours and teams competing for resources (De Dreu and Gelfand, 2013). Statistics on workplace conflict are difficult to obtain, as they are often 'hidden' in data on staff turnover, sickness rates and number of grievance cases.

Conflict can arise from many factors, such as internal power structures, incompatible personalities and differing opinions. It may well be part of the natural emotional landscape at work and it is likely that a totally harmonious workplace is impossible to achieve. If episodes of discord between staff are inevitable, current management strategies – which focus on reducing or eliminating conflict – need to be replaced. To develop new, effective strategies, the nature of workplace conflict and why it occurs must be understood.

### Compounding factors

Bowie (2011) notes that bullying or mobbing behaviours are increasing in the workplace, largely due to the economic climate: decreasing job security is pitting staff against their colleagues. Since care failings were highlighted in the Francis’ (2013) report, healthcare organisations have the added pressure of closer scrutiny, at a time when financial restrictions are forcing
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NHS managers to make difficult decisions. Bowie (2011) suggested that rapid and ruthless organisational change, coupled with an economic downturn, may be a trigger for managers to use bullying behaviour with their subordinates, or behaviour perceived as bullying by those subordinates.

Andersen (2006) discussed how workload and pace change in a period of organisational upheaval, which can have a negative impact on staff performance, job satisfaction and health. This may lead to weakened social relations in the workplace, thereby increasing the risk of conflict. There are also government-related issues to consider, such as statutory inspections and targets introduced to help ensure safety, which can add to the pressure.

Other influences from the wider social setting have been identified by Jones et al (2011), who viewed the increase in levels of community violence as a predictor of increasing aggression in the workplace. All this means organisations need to respond, change and adapt.

Multiple views
Conflict in the workplace is well researched and theorised in organisational psychology. For clarity, we used the definition given by Robbins (1998), which is that conflict is a process that begins when one party perceives that another party has negatively affected, or is about to negatively affect, something that the first party cares about. Robbins sees this as the point when an ongoing, perhaps everyday, activity ‘crosses over’ to become an interplay of differences in the interpretation of facts, expectations of other people’s behaviours and incompatibility of goals.

There are multiple views of conflict. Most of us will have been brought up with the traditional view that it is harmful and must be avoided. Poor communication, lack of transparency and failure to respond to the workforce’s needs are traditionally seen as causes of conflict but, from a human relations perspective, it can be argued that conflict is natural and inevitable in any group. An interactionist perspective would go further and argue that conflict is a positive force, or even a necessity for a group to perform effectively.

However, it is difficult to view conflict as positive when you are in the middle of it. There is little doubt in the literature that workplace conflict has many negative effects on staff and organisations, and in healthcare any negative effect on staff might affect patient safety. Taylor and Rew (2010) considered the extreme end of workplace conflict – workplace violence – as being more dangerous than exposure to blood-borne pathogens, falls or chemicals.

Jones et al (2011) and Zampieron et al (2016) who concurred with these findings, also found conflict to be increasing. Violence between patients and staff has been increasing, with hospitals looking at zero-tolerance policies to protect staff (Gault, 2018). With so much violence between patients and staff, it is little surprise that conflict between staff is also increasing.

Understanding conflict
If we accept that conflict is inevitable, we need to learn how to deal with it. If we disagree with others about how to go about something, we need to:
- Marshal an argument that is objective;
- Deliver it in a way that others will not take personally.

Failure to do this can lead to relationship conflict, which is far more problematic and often difficult to resolve.

Robbins (1998) outlined organisational conflict in five stages (Fig 1). At stage 1, structure can cause conflict: the larger the group, the more specialised its activities and the greater the likelihood of conflict. Stage 4, when conflict becomes visible, is often when managers and/or HR departments intervene. At stage 5, the interplay between parties results in consequences: conflict may be constructive and lead to improved outcomes, or be dysfunctional as unresolved issues breed discontent. An awareness of these five stages (or of any of the models posited by organisational psychologists, given that they all follow similar patterns) will help identify conflict and manage it before it escalates.

In a mixed-method doctoral study Jones (2016) interviewed four ward managers, two senior nurses and two executives (Box 1 features some of their comments) and surveyed 36 nurses before and after a conflict management training. The study found that conflict was the ‘new normal’ but was perceived differently depending on role and grade; it was experienced...
through the display of behaviours and, increasingly, through email. Communication via email can be seen as avoidance behaviour – people may send an email to avoid talking to someone directly. Cyber-bullying also needs to be considered (Clark, 2008), as social media is increasingly used as a means of communication between colleagues. Using these tools in the workplace needs to come with guidance, as they could be perceived as creating additional pressure.

Dealing with conflict

So how should conflict in the workplace be dealt with? Should staff in conflict avoid each other? Sulk? Compete? Sabotage each other’s work? Or should they compromise and collaborate? Compromising can make a person feel like a ‘doormat’; collaborating and accommodating other people’s views is laudable and desirable, but often difficult when emotions are running high.

Understanding that conflict is likely to occur in any workplace is a good start and understanding your role in it is key. The first question to ask yourself might be “Does this conflict have something to do with me?” If so, how can you best help to move things on? If not, can you help resolve it or should you walk away? It may also be useful to ask whether you have over-thought something. Can you see the origins of the conflict? Is it only in your head?

Another consideration is your own reaction to conflict. Do you sulk? Avoid? Compete? Knowing how you tend to respond can help you consider a more helpful approach. Small changes in the words you use or how you behave can help you prevent or manage conflict more efficiently.

Culture is a great determinant of conflict. Ask yourself “What is the culture like in my organisation?” Is it email- or people-dependent? The answer to conflict is never email and rarely to get the team together to try to change one person’s behaviour.

Faragher (2015) considers that conflict often starts with individuals becoming fixated on their own beliefs or expectations, which can lead to fear and a toxic atmosphere. Organisations need to build conflict-management systems with managers, which seek their views and do not undermine their authority in practice (Faragher, 2015; Stanford, 2005).

Conclusion

The inevitability of workplace conflict and the lack of training that nurses receive to manage it can cause them to take things personally or use avoidance as a management style. If conflict is inevitable, we need to become more adept at managing it, looking for early warning signs and determining how to effectively pre-empt it. NT

References


Gault B (2018 ) GPs to be Covered by New ‘Zero Tolerance’ Policy against Abuse from Patients. PulseToday.co.uk, 30 October.


