

# Conflict Prevention and Management

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## Introduction

Nursing is a profession that is based on collaborative relationships with clients and colleagues. When two or more people view issues or situations from different perspectives, these relationships can be compromised by conflict. In this document, conflict refers to a power struggle in which a person intends to harass, neutralize, injure or eliminate a rival.<sup>1</sup>

Conflict is commonly perceived as being a negative issue. However, the experience of dealing with conflict can lead to positive outcomes for nurses,<sup>2</sup> their colleagues<sup>3</sup> and clients.<sup>4</sup> Conflict that is managed effectively by nurses can lead to personal and organizational growth. If conflict is not managed effectively, it can hinder a nurse's ability to provide quality client care<sup>5</sup> and escalate into violence and **abuse**.<sup>6,7</sup> Because of this, nurses need to be aware of the ways in which conflict can escalate and be prepared to prevent or manage it in the workplace.

While conflict is an inherent part of nursing,<sup>8</sup> the provision of professional services to clients does not include accepting abuse. In addition, conflict among colleagues can lead to antagonistic and passive-aggressive behaviours (such as **bullying** or **horizontal violence**) that compromise the **therapeutic nurse-client relationship**.<sup>9</sup> Nurses who effectively deal with conflict demonstrate respect for their clients, their colleagues and the profession.

Conflict that remains unresolved can have far-reaching effects that ultimately influence every aspect of client care.<sup>10</sup> To protect the public's right to quality nursing services, the College of Nurses of Ontario (the College) is committed to helping nurses recognize and manage conflict in the practice setting, and to prevent conflict from escalating into abuse.

The *Conflict Prevention and Management* practice guideline replaces the 2004 *Nurse Abuse* practice guideline, originally published as *Abuse of Nurses* in 2000. It is meant as an overview, not as a comprehensive conflict-management resource. This guideline outlines key factors associated with conflict with clients, colleagues and in the workplace, and offers strategies for preventing and managing conflict that has escalated. It also highlights the role of nurses in formal leadership positions, as well as the importance of the debriefing process in the prevention and management of conflict.

## Nurse-Client Conflict

The therapeutic nurse-client relationship is the foundation for providing nursing services that contribute to the client's health and well-being. The role of the nurse in the therapeutic nurse-client relationship is to support the client in achieving the client's health goals. However, unresolved conflict can impede the attainment of these goals.

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<sup>1</sup> (Sportsman, 2005)

<sup>2</sup> In this document, the term *nurse* refers to Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).

<sup>3</sup> In this document, the term *colleague* refers to the individuals nurses work with to deliver client care. These include nurses, physicians, managers, administrators and other members of the health care team.

<sup>4</sup> In this document, the term *client* refers to an individual, family, group or community.

<sup>5</sup> (Gerardi, 2004)

<sup>6</sup> (Freshwater, 2000; Kelly, 2006; Gerardi, 2004)

<sup>7</sup> Bolded words are defined in the glossary on page 11.

<sup>8</sup> (Thomas, 1976)

<sup>9</sup> Refer to the College's *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard.

<sup>10</sup> (Diaz, 1991)

### Key factors

It is possible to identify characteristics and situations that are associated with the evolution or escalation of conflict among nurses, clients and their families. Nurses who know how to recognize key factors associated with conflict may prevent its escalation and improve the delivery of care.

Conflict between a nurse and a client can escalate if a client is:

- a) intoxicated or withdrawing from a substance-induced state;
- b) being constrained (for example, not being permitted to smoke) or restrained (for example, with a physical or chemical restraint);
- c) fatigued or overstimulated; and/or
- d) tense, anxious, worried, confused, disoriented or afraid.

Conflict between a nurse and a client can escalate if a client has:

- a) a history of aggressive or violent behaviour, or is acting aggressively or violently (for example, using profane language or assuming an intimidating physical stance);
- b) a medical or psychiatric condition that causes impaired judgment or an altered cognitive status;
- c) an active drug or alcohol dependency or addiction;
- d) difficulty communicating (for example, has aphasia or a language barrier exists); and/or
- e) ineffective coping skills or an inadequate support network.<sup>11</sup>

Conflict between a nurse and a client can escalate if a nurse:

- a) judges, labels or misunderstands a client;
- b) uses a threatening tone of voice or body language (for example, speaks loudly or stands too close);
- c) has expectations based on incorrect perceptions of cultural or other differences;
- d) does not listen to, understand or respect a client's values, opinions, needs and ethnocultural beliefs;<sup>12</sup>
- e) does not listen to the concerns of the family and significant others, and/or act on those concerns when it is appropriate and consistent with the client's wishes;
- f) does not provide sufficient health information to satisfy the client or the client's family; and/or
- g) does not reflect on the impact of her/his behaviour and values on the client.

### Prevention

One part of the therapeutic nurse-client relationship is providing **client-centred care**. Nurses can provide client-centred care by following the client's lead about information-giving and decision-making,<sup>13</sup> attempting to understand the meaning behind the client's behaviour and using proactive communication strategies that focus fully on the client. Nurses can employ client-centred care strategies to prevent behaviours that contribute to the escalation of conflict.

Nurses can:

- a) continually seek to understand the client's health care needs and perspectives;

<sup>11</sup> (Leather, 2002)

<sup>12</sup> Refer to the College's *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard and *Culturally Sensitive Care* practice guideline.

<sup>13</sup> (RNAO, 2003)

- b) acknowledge the feelings behind the client's behaviour;
  - c) ask open-ended questions to establish the underlying meaning of the client's behaviour;
  - d) engage in active listening (for example, use verbal and nonverbal cues to acknowledge what is being said);
  - e) use open body language to display a calm, respectful and attentive attitude;
  - f) acknowledge the client's concerns about the health care system and his/her experiences as a client;
  - g) respect and address the client's wishes, concerns, values, priorities and point of view;<sup>14</sup>
  - h) anticipate conflict in situations in which it has previously existed and create a plan of care to prevent its escalation; and
  - i) reflect to understand how her/his behaviour and values may negatively affect the client.
- c) avoid arguing, criticizing, defending or judging;
  - d) focus on the client's behaviour rather than the client personally;
  - e) involve the client, the client's family and the health care team members in assisting with the behaviour and developing solutions to prevent or manage it;
  - f) state that abusive language and behaviours are unacceptable, if the nurse believes this will not escalate the client's behaviour;
  - g) step away from the client, if necessary (for example, to regain composure or to set personal space boundaries);
  - h) leave the situation to develop a plan of care with the assistance of a colleague if the client intends to harm the nurse;<sup>15</sup> and
  - i) protect themselves and other clients in abusive situations by withdrawing services, if necessary (see the decision tree on page 11).

### Management

There are many different strategies for managing conflict that can be implemented by nurses before conflict escalates. Conflict-management strategies should be individually tailored to each client situation. Nurses need to use their professional judgment to determine which strategy is most appropriate for each client.

A nurse can:

- a) implement a **critical incident** management plan;
- b) remain calm and encourage the client to express his/her concerns;

### Conflict With Colleagues

Conflict among colleagues can have an indirect influence on the therapeutic nurse-client relationship. Poor relationships among members of the health care team negatively affect the delivery of care. For example, workplace bullying can erode a nurse's confidence and compromise her/his ability to foster therapeutic relationships with clients.<sup>16</sup>

#### Key factors

Power dynamics are inherent among colleagues. However, the misuse of this power can contribute to conflict among members of the health care team. By recognizing factors that can contribute to the misuse of power among colleagues, nurses can seek constructive and collaborative approaches to resolving differences.<sup>17</sup>

<sup>14</sup> (RNAO, 2003)

<sup>15</sup> (Davies, 2006)

<sup>16</sup> (Based on 2006 written feedback from Alix McGregor, RN, EdD)

<sup>17</sup> (College and Association of Registered Nurses of Alberta, 2003)

Conflict among colleagues can escalate if:

- a) bullying or horizontal violence exists;
- b) barriers to collaborative collegial behaviour encourage the marginalization of others<sup>18</sup> (for example, formation of identity groups based on culture or religion);
- c) different practice perspectives are accentuated by factors such as age, length of service, generation gap, culture and education level;<sup>19</sup>
- d) team members do not support each other in achieving work responsibilities or meeting learning needs;
- e) colleagues are intentionally or unintentionally put into situations beyond their capabilities;<sup>20</sup>
- f) new graduates and/or employees are not supported by experienced nurses<sup>21</sup> and/or systemic orientation practices;<sup>22</sup>
- g) fear of reprisal impedes the reporting of conflict by staff; and/or
- h) there is a lack of awareness about the need to anticipate and manage conflict.

### Prevention

As members of the health care team, nurses must be able to work in cooperation with colleagues to deliver safe, effective and ethical client care. Unresolved conflict among colleagues may hinder communication, collaboration and teamwork, which negatively affects client care. In addition, nurses

are less likely to be abused by clients if they do not tolerate abuse among colleagues.

Nurses can employ consistent strategies to help prevent conflict among colleagues from escalating.

Nurses can:

- a) promote a respectful work environment by modelling professional behaviours;<sup>23</sup>
- b) mentor, support and integrate new staff members into the practice setting;<sup>24</sup>
- c) reflect on personal attitudes, motivators, values and beliefs that affect relationships with colleagues, identify personal areas in need of improvement and strive to alter their own behaviour in situations that have previously ended in conflict; and
- d) recognize that personal stress may affect professional relationships and take steps to manage that stress.

### Management

To function effectively as part of a team, nurses must establish positive collegial relationships. Positive collegial relationships result from good communication, mutual acceptance and understanding, use of persuasion rather than coercion, and a balance of reason and emotion when working with others.<sup>25</sup> The active management of conflict is an integral part of building positive collegial relationships. Colleagues who work together to manage conflict effectively will help to foster a work environment that produces positive outcomes for both nurses and clients.

<sup>18</sup> (Baltimore, 2006)

<sup>19</sup> (Farrell, 2001; Baltimore, 2006)

<sup>20</sup> (Baltimore, 2006)

<sup>21</sup> (Baltimore, 2006)

<sup>22</sup> (Boychuk Duchscher & Cowin, 2004)

<sup>23</sup> (World Health Organization, 2002)

<sup>24</sup> Refer to the College's *Supporting Learners* practice guideline.

<sup>25</sup> (Gerardi, 2004)

Nurses can:

- a) address conflict directly rather than avoiding or postponing its resolution;<sup>26</sup>
- b) focus on the behaviours that lead to the conflict rather than on the colleague personally;
- c) validate assumptions through open dialogue with colleagues rather than acting on misperceptions or assumptions; and
- d) collaborate with colleagues to identify the underlying cause of the conflict. In some situations, a neutral party (for example, a professional mediator) may be necessary.

### Workplace Conflict

Employers and nurses are partners in the delivery of optimal health care; they share the responsibility for creating a healthy workplace for all members of the health care team. This responsibility involves ensuring that conflicts do not negatively affect client health outcomes or relationships among colleagues. A healthy workplace is an environment in which nurses can safely identify conflict and implement systems for its management.

#### Key factors

Many factors in the health care system can contribute to the escalation of conflict within nurses' practice settings.<sup>27</sup> A quality work environment is one that supports nurses in preventing and managing conflict in daily practice. This support includes the reduction or elimination of workplace factors that can lead to conflict.

Conflict can escalate if:

- a) organizational policies or programs aimed at identifying, preventing and managing the

incidence of conflict and abuse in the workplace do not incorporate and address prohibited grounds under the Ontario Human Rights Code, 1990, such as race, ethnicity or sexual orientation;

- b) organizational policies are not communicated to staff or adhered to at all levels;
- c) there is a lack of formal performance feedback mechanisms;
- d) existing formal performance feedback mechanisms do not address how behaviours affect conflict;
- e) the workplace culture promotes under-reporting of incidences of conflict;<sup>28</sup>
- f) managers and administrators abuse or bully;
- g) managers and administrators show favouritism to certain staff members and ignore their disruptive behaviour;
- h) there is a lack of role clarity for staff;<sup>29</sup>
- i) communication is negatively affected by working conditions (for example, heavy workload or fast work pace);
- j) nurses and other health care professionals are working at peak stress times or under stressful conditions;
- k) working conditions are poor (for example, lack of ventilation, too much noise, safety hazards);<sup>30</sup>

<sup>26</sup> (Kelly, 2006)

<sup>27</sup> (Di Martino, 2003)

<sup>28</sup> (Henderson, 2003; Marshall & Robson, 2005)

<sup>29</sup> (Jackson, Clare & Mannix, 2002)

<sup>30</sup> (Di Martino, 2002)

- l) intense organizational change exists;<sup>31</sup> and/or
- m) staff perceive job insecurity.

### Prevention

The aim of establishing a quality work environment is to develop a culture in which nurses prevent conflict from escalating.<sup>32</sup> In a quality work environment, employers provide mechanisms that nurses can readily use to intervene in conflict before it escalates.

Employers can:

- a) implement policies that do not tolerate abuse of any kind;<sup>33</sup>
- b) ensure that policies against workplace conflict are also directed at combating any form of discrimination;<sup>34</sup>
- c) ensure that managers model professionalism in preventing and managing conflict;
- d) establish and uphold organizational values, vision and mission that acknowledge the health, safety and well-being of staff;
- e) educate managers and staff in communication, as well as in conflict prevention and management;
- f) support effective collaboration and communication among health care team members, especially between nurses and physicians<sup>35</sup> (for example, interprofessional rounds);
- g) implement strategies to ease the impact of change and decrease stress among staff;

- h) identify and address staffing needs as soon as possible, especially at peak times; and
- i) ensure a comfortable and safe physical environment (for example, use safety mirrors, security guards, protective barriers, surveillance cameras and/or a system of alert when urgent help is needed).<sup>36</sup>

### Management

Employers can promote quality practice settings in which nurses are encouraged to understand conflict and employ strategies to mitigate it. Employers can institute reporting systems to help nurses acknowledge when conflict has occurred. A fair and efficient reporting system encourages communication among staff members by helping nurses identify underlying causes of conflict. Open communication and understanding will promote an atmosphere of trust and respect within the health care team.

Employers can:

- a) provide a system that promotes the reporting of incidences of workplace conflict, protects nurses from reprisal<sup>37</sup> and deals with reports fairly and efficiently;
- b) routinely assess the incidence of workplace conflict and implement strategies for corrective action; and
- c) institute clear policies and consequences for those who breach policies aimed at preventing conflict and abuse.

<sup>31</sup> (Henry & Ginn, 2002)

<sup>32</sup> (Royal College of Nurses, 2005)

<sup>33</sup> (International Council of Nurses, 1999; Canadian Practical Nurses Association, 1999)

<sup>34</sup> (World Health Organization, 2002)

<sup>35</sup> (O'Brien-Pallas, Hiroz, Cook & Mildon, 2005)

<sup>36</sup> (Di Martino, 2002)

<sup>37</sup> (World Health Organization, 2002; French & Morgan, 2002)

## Role of Nurses in Formal Leadership Positions

All nurses have the potential to demonstrate leadership in their professional roles. However, nurses in formal leadership positions who make decisions in the workplace have particularly important roles to play in the resolution of conflict. Nurses in formal leadership positions are responsible for supporting nurses in effective conflict management. For example, nurse administrators should establish systems that facilitate the development of conflict-resolution skills for all members of the health care team.<sup>38</sup>

### Preventing conflict among staff members

All nurses lead by example. When nurses in formal leadership positions actively promote behaviours that prevent the escalation of conflict, nurses see the value of conflict management first-hand.

Nurses in formal leadership positions can:

- a) make conflict resolution a priority among all staff members;
- b) empower staff members to resolve problems among colleagues;
- c) provide nurses with greater autonomy by participating in decision-making and opportunities for professional development;<sup>39</sup>
- d) foster positive relationships, trust and respect among staff members<sup>40</sup> and promote a work environment in which conflict-creating forms of behaviour (for example, exclusion or dysfunctional cliques) are not tolerated;<sup>41</sup>
- e) recognize the factors that contribute to conflict and promptly intervene to diffuse conflict

situations before they escalate;<sup>42</sup>

- f) help staff members to develop conflict-management interventions;
- g) recognize that change can precipitate conflict and implement management strategies that encourage positive attitudes toward change; and
- h) seek learning opportunities to increase the comfort level of staff members in dealing with conflict resolution.

### Managing conflict among staff members

Conflict that remains unacknowledged will not disappear. Nurses in formal leadership positions can promote conflict management among staff by establishing and using reporting processes that are fair and confidential. By actively resolving conflict among staff, nurses in leadership positions will help to establish equitable work environments for all members of the health care team.

Nurses in formal leadership positions can:

- a) offer a confidential environment<sup>43</sup> for staff to report episodes of conflict without fear of retribution;
- b) deal with reports promptly, fairly and confidentially; and
- c) ensure that appropriate follow-up procedures are in place to support nurses who have been abused in the course of their practice.

### Debriefing After a Critical Incident

Sometimes, despite a nurse's best efforts to identify risk factors for conflict and implement strategies to prevent it, conflict may escalate into a critical

<sup>38</sup> Refer to the College's *Professional Standards, Revised 2002* practice standard.

<sup>39</sup> (Daiski, 2004)

<sup>40</sup> (Registered Nurses Association of Ontario, 2006)

<sup>41</sup> (Royal College of Nurses, 2005)

<sup>42</sup> (Royal College of Nurses, 2005)

<sup>43</sup> (Porter-O'Grady, 2004)

incident. After a critical incident has taken place, it is important for the nurse involved to collaborate with the health care team to debrief about the situation. Debriefing allows nurses to reflect on and learn from what has occurred. This can provide insight into the conflict's contributing factors, as well as contribute to its future prevention and management.

Nurses can:

- a) consult with those involved about the meaning of their experiences during the incident with the intent to heal themselves and the client and family;
- b) review and reflect on responses and recommend future strategies based on team members' actions;
- c) reflect on their own behaviour, which may have unintentionally affected the nurse-client relationship;
- d) help the client understand how his/her behaviour negatively affected the therapeutic nurse-client relationship;
- e) develop communication strategies with the client so the client can express his/her feelings appropriately;
- f) use best-practice strategies to develop a care plan for dealing with the client's behaviour;<sup>44</sup> and
- g) use **anticipatory planning** to develop a consistent approach of addressing the client's behaviour in the future.<sup>45</sup>

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<sup>44</sup> (Davies, 2006)

<sup>45</sup> (Davies, 2006)

## Glossary

### Abuse

The misuse of power within a relationship. Abuse can be emotional, verbal, physical and/or sexual. Examples of abusive behaviours include intimidation, swearing, cultural slurs, hitting, pushing, inappropriate comments, inappropriate touching and sexual assault.

### Anticipatory planning

Involving the client in making decisions based on the client's values, beliefs and wishes.<sup>46</sup>

### Bullying

Any act or verbal comment that could isolate or have negative psychological effects on a person. Bullying usually involves repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate a particular person or group of people.<sup>47</sup>

### Client-centred care

A client-centred approach to care focuses on the individual as a whole person, rather than solely on the delivery of services to the client. Client-centred care involves advocacy, empowerment and respect for the client's autonomy, voice, self-determination and participation in decision-making.<sup>48</sup>

### Critical incident

Any sudden unexpected event that has an emotional impact that can overwhelm the usually effective coping skills of an individual or a group.<sup>49</sup>

### Horizontal violence

Interpersonal conflict among colleagues that includes antagonistic behaviour such as gossiping, criticism, innuendo, scapegoating, undermining, intimidation, passive aggression, withholding information, insubordination, bullying, and verbal and physical aggression.<sup>50</sup>

### Therapeutic nurse-client relationship

A professional relationship that is established and maintained by the nurse as the foundation for providing nursing services that contribute to the client's health and well-being. The relationship is based on trust, respect, empathy, professional intimacy and the appropriate use of the nurse's inherent power.

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<sup>46</sup> (Davies, 2006)

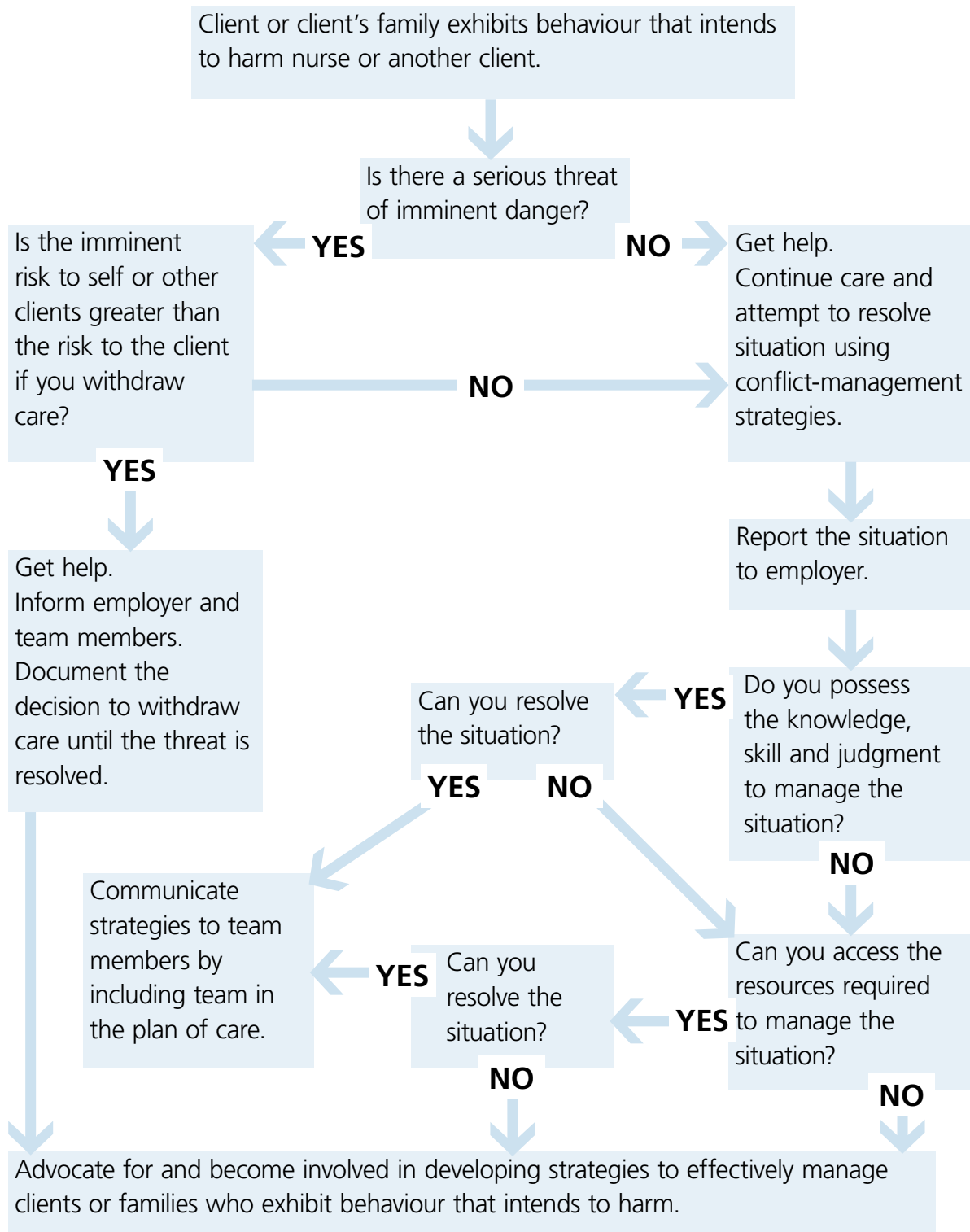
<sup>47</sup> (Klass, 2006)

<sup>48</sup> (RNAO, 2002)

<sup>49</sup> (Caine & Ter-Bagdasarian, 2003)

<sup>50</sup> (Baltimore, 2006)

## Decision Tree: Withdrawal of Services



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Notes:



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