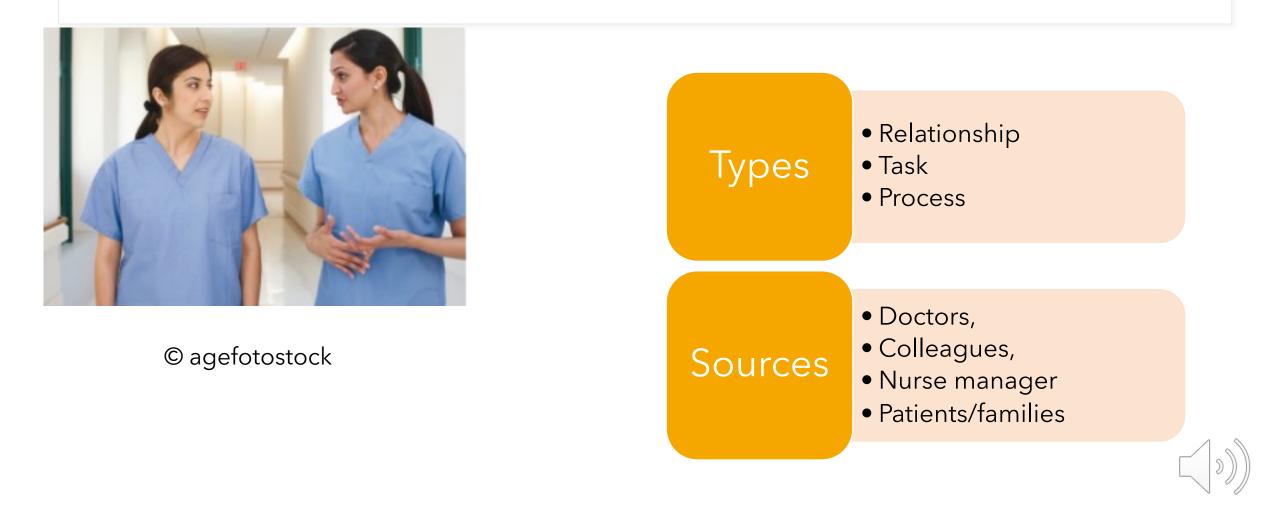


Managing Teams & Conflict Management

Conflict in the Context of Nursing and Patient Care



Interpersonal conflict: Nursing (RNAO,2016)



Explaining interpersonal conflict in nursing workplaces: SCARF model (Freedman, 2019)

- Status high degree of specialization of knowledge in health care systems; high degree of collaboration required across specialties
- Certainty inherent complexity of health care systems and workplaces
- Autonomy health workplaces are large public organizations; multiple lines of reporting
- Relatedness high level of interdependence between disciplines in providing care
- Fairness competing ethical/moral frameworks







Nurse Client Conflict

- Nurse-Client conflict occurs when a patient's needs or expectations are not met, or trust is not established.
- Patients may be hesitant to share concerns
- Therapeutic relationship is challenged
- CNO Practice Guideline (2018):
 - Nurse client conflict can escalate under conditions of constraint, intoxication or overstimulation, inability to communicate, nurse judgement/labeling or misinterpretation of needs of client and family

Nurse-Nurse Conflict

Communication - shift handover;

Demands of nursing manager

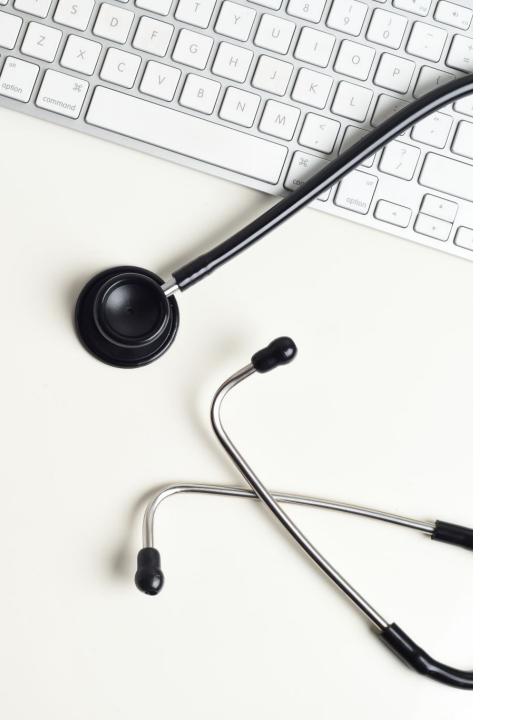
Inefficient nurse physician relationships and/or collaboration with other HCP

Lack of support from colleagues

Intergenerational differences - education

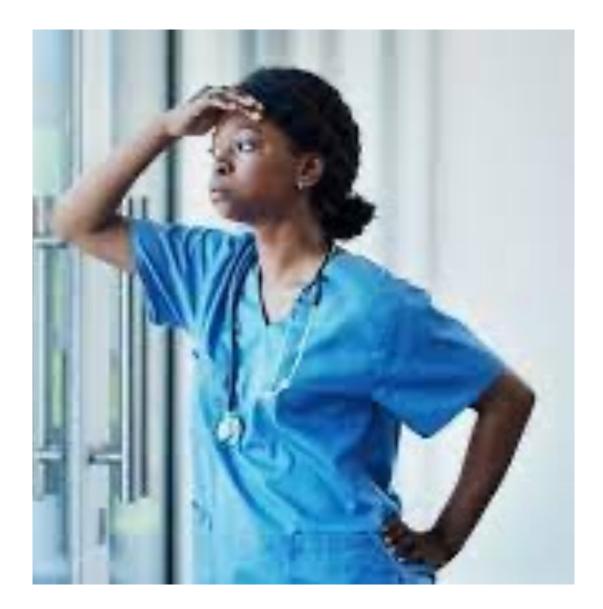
Challenges to clinical competence





Nurse-Workplace Conflict

Emotionally demanding and fast paced work environment Organizational change; budgetary demands Organizational policies - communication Safety of work environment; poor working conditions Inadequate staffing and resources Lack of role clarity, responsibility Lack of opportunity for advancement or professional development Workplace harassment and/or disruption



Ethical Conflict

Ethical conflicts can be patient/family related or systems related

Ethical conflicts can be experienced as 'moral distress'

- Protecting patients' rights;
- Autonomy and informed consent to treatment,
- Staffing patterns negatively affecting work;
- Surrogate decision making
- Use of or abuse of physical/chemical restraints
- Providing care with possible risk to your own health
- Unethical practice by other HCP

Ethical Conflicts Experienced by Nurses (Gaudine et.al. 2011)

Disagreement about care decisions or treatment options;

Others not respecting a patient's wishes;

Patient not receiving quality end-of-life care;

Patient's or family's behavior preventing safe or quality care for self or others;

Patient and/or family not having informed consent or full disclosure;

Not knowing the 'right thing to do';

System deficit or deficiency preventing quality care;

Nurse or physician values conflict with patient values or lifestyle choices;

Possible or perceived deficiencies in care owing to nurse or physician competency.



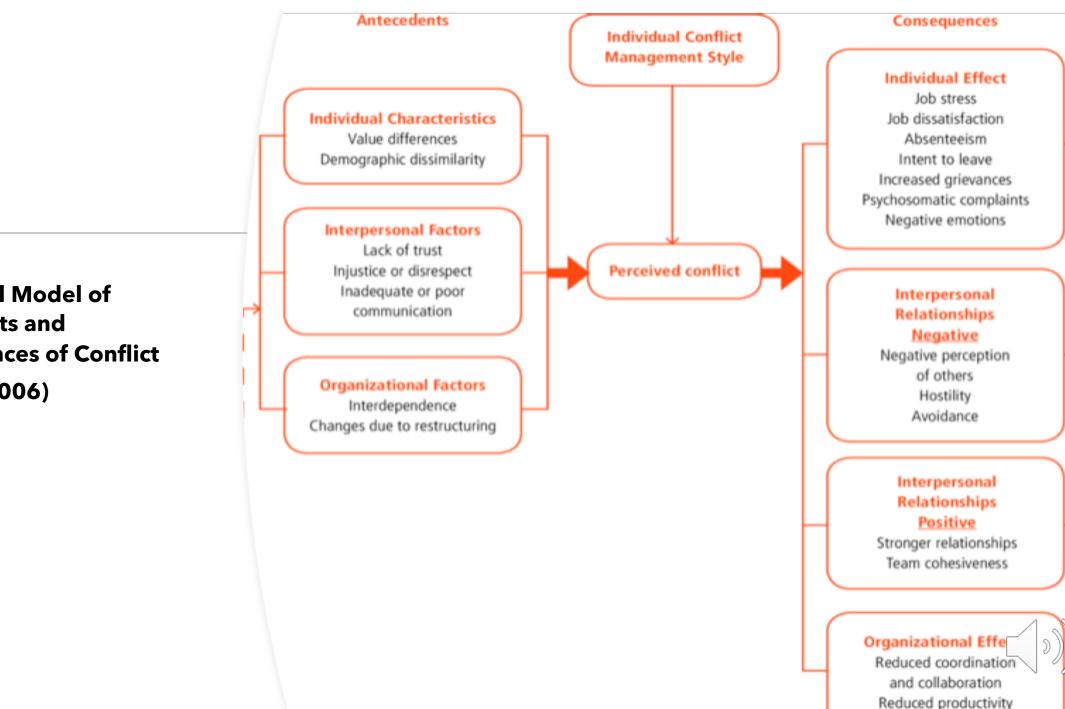
Concepts related to Interpersonal Conflict (RNAO, 2016)

- Bullying
- Workplace Incivility
- Horizontal Violence
- Ostracism





Conceptual Model of Antecedents and **Consequences of Conflict** (Almost, 2006)



Consequences of team conflict on quality of patient care (Cullati et. al., 2019)

Quality Dimension	example
Timeliness	Lack of communication across team can delay care delivery
Patient Centeredness	Conflict can distract from 'seeing' the patient and family needs
Efficiency	Workplace stressors can reduce efficiency of care delivery
Effectiveness	Personal stress could lead to suboptimal patient care
Safety	Interprofessional conflict could lead to lack of attention to patient status
Equity	Differences in beliefs re. patient prognosis can result in inequitable care



Key points

Nurses are often caught in workplace conflicts but are ill-prepared to deal with them

Conflict is inherent to complex, large and multiprofessional organizations such as the Health Care System

Workplace conflict can arise from communication, structural or personal issues

Understanding how you react to conflict can help you find more efficient ways to deal with it





