Something That Crosses Our Path On A Daily Basis

Conflict Resolution Paper

Conflict is inevitable and it is something that crosses our path on a daily basis. Most of the time when conflict arises, most of the time it is due to a lack of communication, or unwillingness to understand the ultimate issue at hand. No matter where we are, in all different aspects of our lives whether it is personal or professional we will always have to deal with different personalities. This is why it remains important to always be culturally aware as personalities and attitudes will vary. One of the most important things knows how to diffuse conflict to help avoid barriers to conflict. In the medical field, we usually work under high levels of stress therefore it is imperative to deescalate stress within the workplace. As professionals, we must take into account our tone and body language and always express professional manner. When we come across in the wrong way or show defensive expressions this can lead to conflict. So how does one deal with conflict? As I previously mentioned, conflict is inevitable, but when avoided or handled prior to it escalating the conflict can be resolved or prevented. S

The Problem

At my hospital, there is a big problem we are facing weekly with our nurses and staffing. This issue is serious as it leads to a major problem for our nurses as it reflects on their income. This issue leads to potential negativity that can impact patient care. Although as RNs we do our best to ensure that patients are receiving the best possible care, when resources are limited we cannot be as efficient, it becomes overwhelming and stressful and leads to poor patient care. I work in the emergency room in a small community hospital that holds about 20 beds in the ED. Once we are full and we run out of beds it becomes very critical because at this point we still have patients coming into the ED. Another factor of stress at my ED is since my hospital is known as one of the best psych hospitals most psych patients are brought to be admitted there. Every single day we are holding at least 15 admissions. So the constant flow does make it difficult and stress arises. Also, the nurses are now taking care of patients that are coming to ED for emergency purposes, while simultaneously taking care of admitted patients that are being held. This makes our tasks very difficult because management is very aware of this, but yet, do not provide us with the resources we need, such as a hold nurse or two to take care of the admitted patients, instead, they use the scheduled RNs that are working that shift and utilize them as ED nurses as well as hold nurses. In addition to this, the nurses are also facing scheduling issues. We do not have enough RNs scheduled on the day or night shift to take on this capacity that is constantly being put on us, and then nurses also face cancellations or get put on call which makes them feel unsteady. The quality and safety of patient care are directly correlated to the right amount of nurses and the level of knowledge and patient care that is delivered. Conditions have declined in a lot of other facilities because hospitals are not doing anything regarding the rising demands for nurses (Welton, 2007). Because of the large workload and stress, conflicts arise among nurses. This causes friction and lashing out because the morale of the environment is declining. Although the workload increases we are still responsible to deliver the best patient care. There are RNs who take “shortcuts” just to make sure that the job gets done, This is sad because this puts patients in danger, and mistakes happen. This leads to nurses picking up terrible habits and putting their own licenses at risk as

well. It can lead to write-ups, warnings, or even suspension at work. This type of behavior is not allowed and can cause patients serious harm. Conflict will always arise at any given moment but the important thing is that it is managed properly. Conflicts need to be addressed right away. Conflict usually exists when people disagree on what's right or wrong or choose to stand by what they believe, therefore there needs to be protocols and rules implemented for things that are morally correct. A common belief about conflict is that it can be destructive, and this is correct, however, conflict can be used in a positive way if changes are initiated to address the problems regarding the conflict (Finkelman, 2007). As nurses and the front lines of the healthcare field, we should always lead by example.

The Four Stages of Conflict

The latent phase of conflict involves the anticipation of conflict, and this type of conflict is observed in my unit. We are constantly holding admitted patients that we have to assume care for. A lot of times, when the patient finally gets a bed and is transferred to their assigned unit, there is always a complaint from the other units complaining about something that was not done in the ED before the patient was sent up. This is a concern for the ED nurses because there are times when things may get missed before the patient goes up. The nurses on the floor do not understand that the ED is very different from the floors. As ED nurses, we are always on edge, afraid that we are going to get reprimanded because of something that we missed. We have voiced our concerns to management, called supervision several times requesting hold nurses so that the admitted patient can get the level of care they need since admission. In no way, am I making an excuse regarding taking care of admitted patients, but it is much more challenging when you have more critical patients that need your attention.

Perceived conflict is the stage where conflict is recognized and people are aware that conflict exists, but not communicating it. This stage of conflict can also be related to my unit. We have been fighting for better staffing for so long, that now most of the staff simply do not verbalize it any longer, because the majority of us feel resentment towards management and have the attitude of “why bother, nothing will be done anyway”. So now the norm for everyone once they are about to begin their shift is to sign their timesheet and sign a protest form, which protects us in case something happens to a patient while working under unsafe conditions. This type of conflict in my opinion is the worst because they feel the conflict, but not verbalizing it just harboring their feelings. Sometimes silence can be worse than verbalizing your concerns. I think when a person is quiet about a situation that is concerning to them, that is when they are contemplating the situation they are in and start making changes as they see fit. I have seen many RNs leave the ED for this reason because of the staffing situation in our department, and it is sad to see knowledgeable, caring RNs leave because of something that can be fixed if management took the time to sit down and address our concerns.

The felt conflict is when the staff starts to have feelings about the conflict and it begins to affect them, it can present as stress, anxiety, and/or anger (Finkelman, 2016). The felt conflict is for most of the staff in ED. The atmosphere can be very demanding at times, and on top of it, we have to ensure that patients are safe and well taken care of. These types of feelings can negatively impact patient care. As nurses, we should be able to provide care and not be bothered by the politics of management. As a leader’s communication is very essential, you cannot please everyone, however, if communication is provided to the staff and they are kept abreast of what is going on, conflict can possibly be avoided. “Nurse leaders need to

communicate at many levels with many different kinds of people, knowing how and when to communicate are essential skills". (CCN, 2017).

Manifest conflict is observed in my facility and it can be a destructive type of conflict. With this conflict staff is not following policies, speaking negatively out in the open, and avoiding responsibilities. This is the type of conflict that is dangerous because at this point the staff is not dealing with the conflict or their feelings for that matter appropriately. When I see staff members get to this point, I try my best to diffuse the situation and talk to my fellow coworkers, and it is not that I don't understand what drove them to this point, but I feel that they are not handling their conflict appropriately. We work as teams, there is no "I" in teamwork. A team represents the structure and teamwork is how we work together. So when team members choose to take the path of destruction they are not only risking our patients but also making our job a lot more complicated.

After reviewing all of the stages of conflict. I believe that my department has a mixture of all four. My reasons for stating this is because we have very old nurses in the ED that has been there for years, as well as brand new nurses that are coming into this department and starting to see how things work in the ED, so each group are at the different staging of conflict. If I had to choose just one conflict type, my choice would be manifest conflict. As I stated, there are several staff members that are exhibiting destructive behavior, such as speaking negatively in public, taking dangerous shortcuts, and not respecting other staff members.

Strategy for dealing with conflict

As a Registered nurse of my hospital, my proposed strategy for dealing with our issue is arranging a meeting with my manager and director. Prior to the meeting, I would research conflict management according to the joint commission, and I would try to assess accurately the way conflict is managed by leaders at my facility. I would then collaborate with other colleagues to promote a fast conflict resolution to avoid compromising patient care and safety (Jerng & Huang, 2017). I would discuss the dangers of our current working conditions and how staffing needs to be resolved. I think speaking to management regarding the shortage will be the best strategy to use, as this is currently affecting us and needs to be resolved. I feel that this has been an ongoing issue and conflict for some time and no one has taken the time to speak up and to the correct people. This topic will be brought up not as a complaint but as a topic to serve as an eye-opener. In order to address the current conflict and maintain patient care and safety.

Delegation

I know everyone has a chain of command that must be followed and my nurse manager has someone to answer to. My nurse manager is very good with scheduling to ensure that the proper amount of nurses, PCAs, and clerks are adequately staffed to run the ED, but this is where delegation comes in and put a strain on our department because our Director of the ED will pull from our staff to staff another floor which leaves us short and increase the workload for us. The ED is the first entrance to the hospital, and we never know what is going to come through the doors, so we need to be staffed adequately at all times, we cannot afford to have staffed pulled from our department on a daily basis, and if this needs to be done then the scheduling needs to be reviewed and rectified so that we will not be left short and possibly endangering patients.

Conclusion

In conclusion, dealing with conflict is inevitable, there is good conflict and bad conflict, and what determines the outcome is how you deal with a situation that is making you uncomfortable. When faced with conflict, communication plays a big factor. As long as the lines of communication stay open and each party clearly understands what is communicated conflict can be avoided. Conflict arises when situations are ignored that are clearly apparent, by doing this it builds up stress, anxiety, and frustration which then can lead to destructive behaviors, however, if you are faced with a situation that is uncomfortable for you, confront it in a professional manner so that your concerns will be taken seriously.