**Conflict Resolution**

**Thesis Statement**

 Conflicts are bound to occur in any organizational setting, and the nursing profession is no exception. In any field where a group of people with different ways of thinking, different levels of education, conflicts may occur from time to time due to things such as personality clashes. What seems right and the best way to carry out activities may be perceived as the wrong way by other professionals. This paper samples a case of conflict in a hospital setting that I experienced. Through this incident, the paper analyses the different stages and types of disputes. Other than that, the paper looks genuinely into the methods of conflict resolution applicable to the situation, to prevent the recurring of such conflicts.

**Conflict**

Management in any organization may often conflict with the professionals dealing with a particular field especially when the managers have not specialized in the specific profession. The minds of the managers are focused on ensuring factors such as cost remains under control. They are result-oriented in most cases and focus on making an organization as profitable as it could be. In this particular case of conflict, the managers at the hospital sought to reduce the number of nurses to cut down on the cost of labor. According to them, it would save the hospital a considerable amount of funds if they reduced the number of nurses, as all nurses are eligible for any tasks. Making sure that their number was controlled would ensure that every unit of labor was maximized and more nurses would learn to take the initiative. Additionally, this would place the hospital in a better financial position. The management focused on the numbers and maximizing the output from their input.

 Nurses are an essential part of any medical institution. They spend a lot of time with the patient and have a considerable influence on the patient's well-being. The first few days after the cut were very tasking for most nurses. They were expected to complete more tasks in the same window of time. This meant they had limited time for their usual jobs. Since the management did not provide an explicit delegation of duties, nurses tried to chip in and help with the extra work once they found time in their schedule. The first few days were quite smooth since most of the nurses thought that the changes were only seasonal and that the management would soon provide an explicit delegation of duties and a clear plan of handling activities. However, over time, it was clear that this would be their day-to-day schedule. Apart from that, most nurses felt that they worked harder than other medical practitioners and fellow nurses. It was no longer about the quality of service that patients received instead about the number of patients that the nurses got to see. The working environment at the hospital was quite toxic, and the patients felt neglected. As a result, some patients sought transfers to medical institutions where they thought they received the needed attention and their health was of primary importance. The nurses felt that deciding to cut down on the number of nurses without consulting the nursing department overlooked their position as stakeholders in the hospital. They felt excluded from the other medical practitioners, as they are the only ones who suffered a cut.

 Communication was a crucial issue in the growing conflict. Once the management observed that cutting down on nurses only brought conflicts, misunderstandings and most importantly jeopardized the quality of health care delivered, they decided to reinstate some nurses, though not to the original number. This only smoothened out the working schedules to some degree but did not solve the existing conflict as the working relationship between the nurses and other employees were in ruins. It would take more than increasing the number of nurses to resolve this conflict. The disagreement remained unresolved. This conflict was both intergroup and intragroup as it involved members of the same team, nurses and members of different groups, nurses and other medical practitioners.

**Stages of Conflict**

 The latent stage of the conflict began a few days after the number of nurses was reduced. Without realizing it, the increased duties and the chaos in delegation strained the working relationship between the nurses. It was difficult for nurses to take the initiative and carry out responsibilities out of their own volition when they felt that a particular nurse had executed fewer tasks. Instead of openly addressing the issue and delegating the duties at that time, most nurses left them for other nurses with fewer responsibilities. At the back of their minds, nurses at the hospital felt undervalued due to lack of consultation in the decision-making process. Therefore, without realizing it, they engaged in a silent ‘strike' or rather go-slow, to prove how critical their role is. This only increased conflicts with other departments that depended on nurses to carry out their duties. At the perceived stage, the chaos at the hospital was a clear sign of the underlying conflicts. Collaboration is a significant factor in the medical field (Leever, 2010).

 Various medical officers need one another to carry out their duties effectively. When one of the staff in the chain of offering medical services is incompetent, the damage spreads to all other employees. At the felt stage, the anxiety among the nurses continued to heighten. Previously, all employees were open and very collaborative as they carried on with their duties. High tension now replaced this friendly relationship. Eventually, this developed to the manifest stage where staff would call each other out openly. As they did not receive clear instructions on who was supposed to take up specific duties with the new changes, some nurses resorted to delegating responsibilities to their fellow nurses. This led to further confusion as everyone felt that they were eligible to delegate responsibilities. The root of all problems in this particular conflict was a delegation of duties and inefficient communication. Nobody understood their duties. The aftermath of all this was poor services to the patients and a poor working environment. Efforts by the management to restore the status quo were futile since the conflict had grown further than just about the number of nurses.

**Conflict Resolution**

Communication is a very critical part of conflict resolution (Finkelman, 2016). In the above incident, the management needed to confront the real issue at hand, which was the working relationship. Their strategies for solving the disagreement are necessary to revolve solely around reestablishing a proper communication channel in the whole hospital. Nurses need to understand that the management decided to cut down on nurses with a view of improving the state of the entire hospital. Additionally, it was necessary to make it clear that the nurses’ input in the hospital is recognized and highly appreciated. Constructive conflicts lead to healthy competition and the growth of the institution as a whole. It is essential that every department welcome the ideas and thoughts of all other stakeholders. Working with the head nurse in resolving such conflicts would be very lucrative as it presents a chance to execute critical strategies in conflict resolution. In my opinion, team-building activities would be of great use, as they would help rebuild the relationship previously present among the employees. Getting rid of a conflict trigger does not necessarily solve the conflict. In this case, the number of nurses was the trigger. Once the number of nurses increased, conflicts among the staff remained. Institutions should not ignore disputes in the hope that they will go away. Instead, they should foster an environment where any conflict resolutions are open and respectable.

Conflict resolution is a process that requires time and patience. The first lesson on conflict resolution is to identify the groups under conflict. For example in a hospital setting, the human resource departments can identify different conflicts from rumors and other sources. Conflicts between two people can be easy to solve but conflicts between groups is always complicated. The second lesson is to identify the cause of the conflicts. Conflicts might exist between the health care practitioner and patient if the patient feels the services are not enough. Identify the cause of the conflict is the fist process of trying to solve conflicts. The third lesson is coming up with solutions to solve the conflicts in work setting. A good hospital must have experienced employees that can handle different types of conflicts. Conflicts are normal is any hospital set up, preventing these conflicts and handling them is more important.

Nurses spend most of their time with patients and can create friendship or enemies. In case a patient does not feel satisfied with care services conflicts can arise resulting to issues. Other conflicts can be between nurses on duty. In some cases, the workload might overburden nurses and create conflicts. According world health organization, nurses are bound to stress because of overworking, which often create stress and conflicts. Research suggests that older nurses experience conflicts with younger nurse because they tend to leave all the work for young nurses. This affects developing countries where they often experience shortage in nurses.  Another lesson learned is that failure to resolve minor conflicts often results to major conflicts in hospital set up. The main objective of a hospital and nurses to deliver quality services to patients but if certain factors affect the ability to deliver these services, and then it is important to create solutions as early as possible.

In future, I prefer handling minor conflicts before they escalate to major ones. Similar conflicts can reoccur within a hospital set up, therefore it important to create policies that will ensure fewer conflicts occur in future. Lack of proper information is often the main cause of minor conflicts within the hospital. The management team must clarify rumors to prevent future conflicts.

Most health care professionals like nurses and physicians have a high intelligence quotient but low emotional intelligence that is required when working with other people. A successful nurse must have emotional intelligence for them to be a successful leader. Emotional intelligence is important because it enables a nurse to understand and recognize their emotions and be able to control emotions. People with the ability to control emotions can handle conflicts in more mature manner compared to those with less emotional intelligence levels. Anger is difficult mood to control because it is exhilarating and energizing. If these signs persist within a hospital set up, then conflicts are likely to occur often. People handling conflicts must be leaders and their emotional intelligence must be high for them to handle different conflicts. Leaders must be able to stay cool, be good listeners, avoid direct accusation, and try to understand a problem before solving them. Conflicts are normal but it is important to prevent them from reaching levels of physical fights and violence.

**Conclusion**

In conclusion, conflicts are unending in any organization. It is impossible to avoid them altogether as we all have different points of view. Once we embrace this fact, it becomes easier to resolve any disagreement as people can appreciate the fact that we are all different. This helps us stick to constructive conflicts that aid in growth. In conflict resolution, it is easier to deal with the problem at the lowest level. A dispute between two nurses could quickly escalate into a departmental dilemma. At the interpersonal stage, the conflict is less hectic to deal with and has minimal effects overall organization. However, once the crisis extends to the entire department, it may lead to the detrimental impacts on the whole institution. Policies implemented by an institution also determine whether they experience constructive or destructive conflicts. All institutions should have proper channels where the staff can express their dissatisfaction with individual decisions. By doing this, people avoid uncivilized methods of communication. All staff members appreciate that they have a voice and are listened to, which keeps conflicts in check.

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