

Nurses Perceptions of Conflict in the Workplace Results of the Center for American Nurses Conflict Survey

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Abstract

Employees in today's work environments are increasingly experiencing conflict and healthcare environments are no exception. The Center for American Nurses conducted a Conflict Resolution Survey to identify challenges related to conflict encountered by nurses in an effort to develop resources for nurses facing conflict in the workforce. A sample of 858 nurses participated in a web based survey designed to assess nurses' perceptions of conflict in their work environments. Qualitative findings from this survey reveal there are various challenges in the workplace related to conflict. Four themes emerged in the qualitative analysis of the data indicating that nurses are 1) suffering through unhealthy conflict and its effects, 2) yearning for a better path to address conflict, 3) knowing and appreciating channels to address conflict, 4) proposing improvements to address conflict.

Introduction

Conflict is a part of the human condition. Thomas states conflict is "the condition in which people's concerns- the things they care about – appear to be incompatible." Further "conflict is something we face every day- a fact of life." (Thomas, 2002) However conflict in the nursing workforce has great potential for negatively impacting the work environment and healthcare delivery if it is not addressed appropriately (Friesen, Scott, & Rosenkranz, 2008; Gerardi, 2004).

Issues associated with conflict, such as lack of collaboration, lack of communication and disruptive behavior, are problematic in the health care work environment (Fontaine & Gerardi, 2005; Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005; The Joint Commission, 2008). Particularly since a breakdown in communication and collaboration can lead to increased errors that can sometimes be deadly to patients. The Center for American Nurses (Center) set out to assess how nurses perceive and deal with conflict in the workplace, in an effort to develop programs and resources to create healthier work environments for nurses.

Method

Nurses who visited the Center's website (www.CenterforAmericanNurses.org) between December 2, 2006 and April 14, 2007 were invited to participate in a survey on conflict resolution. A total of 858 nurses responded to the survey, which included both closed-ended and open-ended items, although not all nurses responded to all open-ended items. This article focuses on the 114-220 narrative responses to the open ended questions and reports on the qualitative findings of the survey. The initial quantitative findings from this study are summarized in DeWitty et al. (In Press). The survey, developed by nursing experts as part of an advisory panel of The Center, included the following open-ended items. The number of responses received for each question is also delineated below:

- If you have encountered other types of conflict not specified above, could you identify some of those issues below in the space provided? (220 responses).
- Do you have any additional comments regarding the work environment and conflict resolution? (192 responses)
- Please identify any other resources and or support available to nurses relating to conflict resolution. (114 responses)
- Respondents were invited to "add any other comments". (114 responses)

A descriptive, qualitative approach was used to analyze written responses from participants responding to these open ended items. While this qualitative method is "the least interpretive of the qualitative analysis approaches" it does "offer a comprehensive summary of an event in everyday terms (Sandelowski, 2000). Further, this method allowed the researchers to present findings in a "straight, descriptive" manner (Sandelowski, 2000).

Analysis

Although not all 858 nurses responded to the open-ended items, narratives from those replying were collected and analyzed. One nurse researcher read and analyzed the

narratives and assigned codes to the passages while a second nurse coded passages independently. The researchers then met to discuss their findings. Definitions of codes were reached and assignment of categories and subcategories' was completed by the nurse researchers using a consensus approach.

Results

A summary of findings for each open ended survey item with selected exemplars of responses will be presented in this analysis. For the purpose of this survey, conflict was defined as disagreement, dispute, opposition between two or more people which creates difficulties for one or more individuals (Marcus. L.J., Dorn, Kritek, Miller, & Wyatt, 1995; Marquis & Huston, 2006).

Question One

The survey asked nurses to identify the most common and most problematic type of conflict they experienced in the workplace. Participants were given a list of common types of conflict that included: 1) nurse to nurse, 2) nurse and nurse manager/director, 3) nurses and other clinical staff, 4) nurses and support staff, 5) nurse and nursing assistive staff. Participants were given the option to list any additional types of conflict that was not included in the list provided. Additional responses offered by survey participants were categorized as:

- Family/Patient/Visitors
- Management/Administration
- Other Staff/Healthcare Providers/Students
- Staffing issues
- Sick environment
- Avoidance
- Business (financial interests and patient care)
- Favoritism
- Bullying and Lateral Violence

Conflict involving patient/family/visitors was cited most frequently as a source of workplace conflict. In these situations, conflict arose between nurses and patients as a result of priority issues and delivery of care; disclosure of information/HIPPA restrictions, and visiting hours. It was further noted "conflicts between nurses and family members can be extremely difficult to resolve."

Conflicts with supervisors and/or management were described in depth by respondents. A short exemplar illustrative of many comments described in negative terms the interaction with management, "the assistant manager breathing down your back, or talking to you as if you were incompetent."

A host of comments offered a variety of situations in which conflict arose between co-workers, educators, and other health care provider including physicians. For example, nurses described with clarity and emotion inadequate staffing and floating as source of conflict.

Many of the descriptions painted a picture of work environments in which conflict was not addressed effectively or ignored altogether and nurses felt undervalued. Nurses described working in environments that were "hostile." One nurse stated, "I often feel like a minnow swimming with sharks."

Behaviors emblematic of bullying and lateral violence were present in this analysis. Taken collectively the work environment was described as dysfunctional and toxic in contrast to desirable work environments.

Question Two

Nurses were asked to provide additional comments regarding the work environment and conflict. Categories of response to this question included those observed in question one:

- Management/Administration
- Conflict/Conflict Resolution
- Avoidance
- Turnover/Leaving
- Punishment
- Non-supportive/Supportive
- Sick Environment
- Favoritism
- Bullying/Lateral Violence
- Physician Conflict

Narratives included perceptions that managers avoided addressing problems and issues of concern to the nurse. Overall the descriptions of management and administration in this analysis reveal many concerns related to lack of support from leadership in the work environment and poor communication. However some nurses expressed support from their immediate supervisor but conflict occurred with higher level positions and the remoteness of upper level leadership from staff nurses.

Avoidance was a common strategy reported by nurses in this survey and described in negative terms such as "hide" "ignoring," "do nothing," and "will not address." Examples of both staff and management using avoidance were cited by respondents. There is evidence in the exemplars that nurses may have used avoidance because it was perceived as easier than addressing the issue. Respondents reported, "Sometimes the stress of con-

fronting the conflict is not worth the gain. It is easier to ignore than expend the energy to resolve.”

Conflict in the workplace was identified as a contributing factor to resignations and/or change of employment with respondents sharing comments such as “looking for another job or will change shifts because of two nurses that I work with who are constantly making it difficult.”

An important issue that emerged in this analysis was the lack of support perceived by nurses in the work environment. Respondents reported, “Supervisors do not support their staff.” Conversely, the role of the manager is influential in addressing conflict and providing support as illustrated by the following narratives, “The ease of addressing conflict can be dependent on the supervisor. My previous supervisor was a wonderful person who would listen and discuss.”

Nurses articulated fear of punishment when addressing conflict. The concept of favoritism was reported frequently as nurses perceived others as being favored. Nurses also described disruptive behavior and encounters with physician conflict.

Question Three

Nurses were asked to identify resources and or support to nurses relating to conflict in the workplace. The following categories emerged in this analysis of responses;

- Education and skills
- Support (i.e., someone to listen, protect)
- Lack of resources
- Confidentiality issues
- Strategies and services

Nurses accessed a variety of strategies and services when addressing conflict ranging from faith-based support to employer sponsored programs. Spiritual resources including “prayer” and “pastoral services” were mentioned as a resource. Several nurses referenced unions as a resource however union support was also seen as problematic with statements such as “this often results in causing more workplace and administrative difficulties.” The use of employee assistance programs, mediation, and counseling were also identified as services used to address conflict in the workplace.

Nurses participating in the survey indicated the desire for support in the workplace dealing with conflict. When asked to identify types of support that would be helpful responses ranged from someone “to listen” to “protection from retaliation.” The importance of on-site support was clearly articulated. However, there appeared to be limited

resources in some areas based on respondents reporting, “resources, you have to be kidding” and “I am not familiar with resources for conflict resolution.”

Further, nurses indicated resources to address conflict were not always easily accessible. They described situations in which support was sought to address conflict but such assistance was not always provided in a confidential manner. The concern with this lack of confidentiality indicated nurses may not access certain resources because of the lack of privacy.

Question 4

Respondents were invited to offer additional comments on the topic of conflict in the workplace. Nurses responding to the survey expressed appreciation that the survey was being conducted and articulated the need for more research on the topic of conflict in the workplace. Analysis of question four found that a number of answers to this question were similar to comments obtained in the previous three questions in that responses included references to lack of support in the workplace for dealing with conflict; physician conflict, communication issues, the need for education and skills to address conflict, turnover, distress and sick work environment.

Thematic Analysis

A thematic analysis was conducted after completion of coding and analysis. Four themes were identified that illustrate the distress in the workplace related to conflict and a desire to create better work environments in which conflict can be addressed more effectively. The four themes arising from this survey indicate that nurses are:

- 1) suffering through unhealthy conflict and its effects,
- 2) yearning for a better path to address conflict,
- 3) knowing and appreciating channels to address conflict, and
- 4) proposing improvements to address conflict.

Suffering through unhealthy conflict and its effects

The experience of “suffering” emerged strongly as a theme in this study. Examples of unhappiness and distress in the workplace abounded from nurses who participated in the survey. For example, narrative responses included phrases such as, “I work in a very toxic environment.” Further, nurses reported that conflict was not addressed effectively which caused great distress.

Yearning for a better path to address conflict.

Nurses are seeking support from management as well as the skills to address conflict in a productive manner.

While examples of suffering were plentiful in this survey there was also a yearning for something better. Nurses clearly want improvements in their work environment and in some cases appeared almost wistful in regard to their search for better leadership and strategies for addressing conflict effectively. Their yearning for something better includes a desire to enhance the work environment for nurses and improve patient care and safety.

Knowing and appreciating channels to address conflict

While nurses described, in abundant terms, the problem of poor communication as a contributor to conflict, nurses also described situations where support and channels were available to address conflict. Statements such as, “I am now in a work environment where I feel there are clear channels for addressing conflict,” reflect their search for and appreciation of channels to address conflict in a positive manner.

Proposing improvements to address conflict

Nurses identified the need for a variety of strategies to address workplace conflict. There was a call for access to educational resources and processes to help nurses develop competence in handling conflict and communicating effectively. Other proposed ideas include on-site support for nurses experiencing conflict, identifying best practices for collaboration, recognizing and rewarding desired behaviors, and holding those who engage in disruptive behavior accountable.

Limitation

One limitation of this study is that only nurses who visited the Center’s web site and chose to participate in the survey are represented. Further, these findings represent only an analysis of responses to the four opened ended questions. As such the data may not be representative of all nurses in practice.

Discussion

Responses from the Center’s Conflict Resolution Survey reflect many of the workplace challenges experienced by nurses across the nation. Information obtained through this effort contribute to findings in the literature that note a lack of effective communication, and a need for effective leadership/management and support for managing conflict

in the workplace (American Association of Critical-Care Nurses, 2005; Institute of Medicine, 2004; Joint Commission, 2002; Maxfield et al., 2005).

While perpetrators of conflict in this study included nurse colleagues and nurse managers, another study exploring the concept of respect felt by hospital nurses discussed the importance and “significance of constructive relationships between management and staff, such as showing concern and providing explanations for decisions that affect staff nurses’ work life” (Spence Laschinger, 2004).

Lack of effective communication was another major finding in this survey. Miracle reiterates the importance of communication by describing it as essential to a healthy

work environment. This essential element “includes communication among nurses, physicians, allied health professionals, patients, families, and management” (Miracle, 2008). Responses to the survey indicated that participants did not feel as though management listened to them. Some nurses reported feeling intimidated or bullied if they tried to resolve conflict. The literature indicates that persons who are bullied may choose to retaliate, as the bullied person may feel as though they need to act out when in this type of environment, affecting not only the abuser, but their colleagues and the organization (Mitchell & Ambrose, 2007). Research examining factors that influenced nurses’ decision-making about voicing concerns in the work setting also found fear of retribution in the workplace, “Raising concerns was perceived as a high-risk: low-benefit act. Fear of negative personal and professional outcomes impeded raising concerns, contributing to hesitancy and inaction” (Attree, 2007).

Seeking to leave or actually leaving the work environment due to conflict was observed in a number of responses to the survey. Nurses repeatedly described the use of avoidance in addressing conflict in this sample. Others have reported nurses use avoidance in dealing with conflict (Baker, 1995; Cavanagh, 1991; Eason & Brown, 1999; Friesen et al., 2008; Valentine, 1995; Valentine, 2001; Vivar, 2006). The use of avoidance as a strategy to resolve conflict situations prevents the root problem from being addressed therefore the problem may go unsolved and the conflict continues. As one nurse noted in this study,



“At my place of employment conflict and chaos continue, the position of management seems to be if we ignore it long enough it will go away. What a mistake.”

The purpose of the Center’s Conflict Resolution Survey was to identify challenges related to conflict encountered by practicing nurses in an effort to develop resources to assist nurses address conflict in the workforce. Nurses are working environments where conflict is manifested in many ways. And this survey demonstrates that nurses are calling for change, education, strategies and support in handling conflict in a productive manner to enhance the work environment and patient care and safety.

References

American Association of Critical-Care Nurses. (2005). AACN Standards for establishing and sustaining healthy work environments: a journey to excellence. Retrieved January 27, 2005, from [http://www.aacn.org/aacn/pubpolcy.nsf/Files/HWStandards/\\$file/HWStandards.pdf](http://www.aacn.org/aacn/pubpolcy.nsf/Files/HWStandards/$file/HWStandards.pdf)

Attree, M. (2007). Factors influencing nurses' decisions to raise concerns about care quality. *Journal of Nursing Management*, 15(4), 392-402.

Baker, K. (1995). Improving staff nurse conflict resolution skills. *Nursing Economics*, 13(5), 295-298, 317.

Cavanagh, S. J. (1991). The conflict management style of staff nurses and nurse managers. *Journal of Advanced Nursing*, 16(10), 1254.

DeWitty, V., Osborne, J. W., Friesen, M. A., & Rosenkranz, A. (In Press). *Workforce conflict: Implications for nurse managers*. *Nursing Management*.

Eason, F. R., & Brown, S. T. (1999). Conflict management: assessing educational needs. *Journal for Nurses in Staff Development*, 15(3), 92-96.

Fontaine, D. K., & Gerardi, D. (2005). Healthier hospitals? *Nursing Management*, 36(10), 34-44.

Friesen, M. A., Scott, D., & Rosenkranz, A. (2008). Conflict and the nursing workforce: Creating opportunities for growth. Retrieved November 16, 2008, from <http://www.manexa.com/nursing/catalog.asp?CategoryID=20080222-202162-1035290&UGUID=T2008022888202162102800>

Gerardi, D. (2004). Using mediation techniques to manage conflict and create healthy work environments. *AACN Clinical Issues: Advanced Practice in Acute & Critical Care*, 15(2), 182-195.

Institute of Medicine. (2004). *Keeping patients safe: Transforming the work environment of nurses*. Washington, D. C: The National Academies Press.

Joint Commission. (2002). *Health care at the crossroads: Strategies for addressing the evolving nursing crisis*. Retrieved December 4, 2007, from http://www.jointcommission.org/NR/rdonlyres/5C138711-ED76-4D6F-909F-B06E0309F36D/0/health_care_at_the_crossroads.pdf

Marcus, L.J., Dorn, B. C., Kritek, P. B., Miller, V. G., & Wyatt, J. B. (1995). *Renegotiating Health Care*. San Francisco: Jossey-Bass.

Marquis, B. L., & Huston, C. J. (2006). *Leadership roles and management function in nursing theory and application* (5th ed.). Philadelphia: Lippincott Williams & Wilkins.

Maxfield, D., Grenny, J., McMillan, R., Patterson, K., & Switzler, A. (2005). *Silence kills: The seven crucial conversations* © for health care. Retrieved January 28, 2005, from [http://www.aacn.org/aacn/pubpolcy.nsf/Files/SilenceKills/\\$file/SilenceKills.pdf](http://www.aacn.org/aacn/pubpolcy.nsf/Files/SilenceKills/$file/SilenceKills.pdf)

Miracle, V. (2008). A Healthy Work Environment. *Dimensions of Critical Care Nursing*, 27(1), 42-43.

Mitchell, M., & Ambrose, M. (2007). Abusive Supervision and Workplace Deviance and the Moderating Effects of Negative Reciprocity Beliefs. *Journal of Applied Psychology*, 92(4), 1159-1168.

Sandelowski, M. (2000). Focus on research methods. Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340.

Spence Laschinger, H. K. (2004). Hospital nurses' perceptions of respect and organizational justice. *Journal of Nursing Administration*, 34(7/8), 354-364.

The Joint Commission. (2008, July 9). Sentinel Event Alert: Issue 40, Behaviors that undermine a culture of safety. Retrieved November 16, 2008, from http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm

Thomas, K. (2002). *Introduction to conflict management; improving performance using the TKI*. Mountain View, CA: CPP Inc.

Valentine, P. (1995). Management of conflict: do nurses/women handle it differently? *Journal of Advanced Nursing*, 22(1), 142-149.

Valentine, P. (2001). A gender perspective on conflict management strategies of nurses. *Journal of Nursing Scholarship*, 33(1), 69-74.

Vivar, C. G. (2006). Putting conflict management into practice: a nursing case study. *Journal of Nursing Management*, 14(3), 201-206.

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