Awareness of Conflict Between Nurses and Therapists and Preferred Conflict Management Styles

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ABSTRACT

Conflict is inevitable in healthcare organizations and can arise in many different ways. One of the main ways conflict manifests in healthcare is between employees. Dana and William Haraway note that the cost of unresolved conflict in hospital settings can be especially high (2005, p. 12). Conflict can have a significant negative impact on employee morale oftentimes resulting in an increase in turnover and litigation (Iglesias & Vallejo, 2012). Iglesias and Vallejo also note, "Within health care organizations, unsuccessful conflict management is a prime cause of stressful work environments, power games, patient and employee dissatisfaction, poor quality of care, and increased costs" (2012, p. 73).

This was a mixed methods (qualitative and quantitative) study which utilized survey design methodology, specifically the Thomas-Kilmann Conflict MODE Instrument, as well as focus groups. The study was completed in two phases: Phase I- online Thomas-Kilmann Conflict MODE Instrument (TKI) and Phase II- focus groups. The sample size for Phase I was 13; 9 therapists and 4 nurses and the sample size for Phase II- therapy focus group was 8 participants and the sample size for the nursing focus group was 4 participants. There was no statistically significant difference between the conflict management styles utilized by the groups, as the overwhelming majority of both groups preferred the avoiding and accommodating styles. A total of seven themes were developed in this study, 3 during the therapy focus group and 3 during the nursing focus group. All of the themes supported the core theme of *providing quality patient care*.

OBJECTIVES

- **Purpose:** To identify the awareness of conflict between therapy and nursing personnel in a local inpatient rehabilitation hospital and determine the most preferred and least preferred conflict management styles of the therapists and nurses in this facility.

- **Primary research question:** What is the awareness of conflict between nurses and therapists at a local inpatient rehabilitation hospital?

- **Secondary research question:** What are the most preferred and least preferred conflict management styles of the therapists and nurses at this facility?

- **Hypothesis:** Differences in conflict management styles between therapists and nurses might be a contributing factor to existing conflict between the two groups.

INSTRUMENT

In 1974 Kenneth W. Thomas and Ralph H. Kilmann developed the Thomas-Kilmann Conflict Mode Instrument (TKI). "The TKI was designed to measure a person's behavior in conflict situations" (Thomas & Kilmann, n.d.). In any situational conflict a person's behavior is classified along two dimensions: assertiveness, the extent to which an individual endeavors to satisfy his/her own concerns, and cooperativeness, the extent to which the individual tries to satisfy another person's concerns (Thomas & Kilmann, n.d.). The TKI classifies five conflict management modes that an individual may use in any given situation dealing with conflict along these two dimensions, assertiveness and cooperativeness. The five modes are as follows: competing, accommodating, avoiding, collaborating and compromising. The following studies utilized the Thomas-Kilmann Conflict Mode Instrument to assess conflict management styles within a specific realm of healthcare (Iglesias & Vallejo, 2012; Landa-Gonzalez, 2008; Sportsman & Hamilton, 2007; Whitworth, 2008).

LITERATURE REVIEW

Conflict is a term that is evident within daily human interaction, especially in the work environment, conflict can be generally described as an interactive process manifested as incompatibility, disagreements, or dissonance within or between social entities (i.e. individuals, groups, and organizations)" (as cited in Rahim, 2001). Thus, conflict may occur at a personal, team, or organizational level. Studies have addressed aspects of conflict and the management of conflict within the healthcare realm while indicating that negative effects associated with conflict have an overwhelming potential to decrease when attention and training in conflict management are implemented. The positive outcomes that can ensue if interprofessional collaboration is practiced are astounding. Some include: higher quality-care for patients at lower costs, improved job satisfaction and social accountability for professions" (Hall, p. 194).

After two 3-hour sessions designed to teach practical conflict management strategies applicable to workplace duties and responsibilities positive improvement was noted in four areas: role overload, role boundaries, psychological strain, and interpersonal strain as a result of these training sessions thus proving that although conflict is inevitable, training or attention to the prospect of resolution and management of conflict can greatly improve conflict within healthcare settings (Haraway & Haraway, 2005). Sources of conflict are best addressed by health care administrators by reviewing the themes of conflict between health care professionals and providing training or organizational attention to the specific issues identified.

RESULTS

Phase I-Thomas-Kilmann Conflict MODE Instrument

Demographic Characteristics
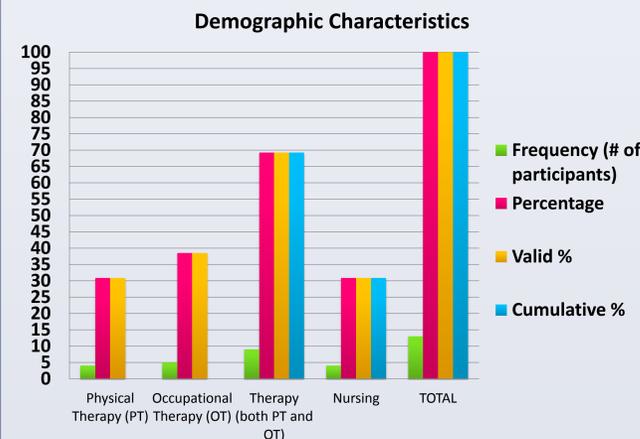
Discipline Group	Avoiding Mode (%)	Accommodating Mode (%)	Compromising Mode (%)	Competing Mode (%)	Collaborating Mode (%)
NURSING					
N Valid	4	4	4	4	4
N Missing	0	0	0	0	0
Median	76.50	92.50	17.00	10.00	15.00
Minimum	65	87	7	3	1
Maximum	95	100	58	79	87
THERAPY					
N Valid	9	9	9	9	9
N Missing	0	0	0	0	0
Median	78.00	62.00	27.00	31.00	41.00
Minimum	2	16	15	3	3
Maximum	98	94	75	87	99

Phase II- Focus Groups

Therapy Themes	Nursing Themes
misperceptions of what each group does	misperceptions of what each group does
lack of communication	lack of communication
"us and them" mentality	divergent personalities
CORE THEME: *providing quality patient care*	

DISCUSSION

Phase I-Thomas-Kilmann Conflict MODE Instrument

- No statistically significant difference between the conflict management styles utilized by the two groups, therapy and nursing.
- The hypothesis that differences in conflict management styles between the two groups was disproven as both groups primarily used the accommodating and avoiding styles.
- Both the avoiding and accommodating styles are unassertive forms of conflict management as defined by Thomas and Kilmann.

Dangers of overuse of avoiding style:
- Coordination suffers because people have difficulty receiving input regarding issues.
- Creates an atmosphere of "walking on eggshells." A disproportionate amount of energy is devoted to avoiding issues, indicating that those issues need to be faced and resolved.
- Important issues may be made by default. (Thomas & Thomas, 2004)

Dangers of overuse of accommodating style:
- Can cause others to feel as if their ideas and concerns do not get the attention they deserve.
- Deprives people of influence, respect and recognition.
- Deprives the organization of potential contributions.(Thomas & Thomas, 2004)

Overuse of these styles can be detrimental to building/strengthening relationships.

DISCUSSION (continued)

Phase II- Focus Groups

Three main issues causing conflict

| having to get a specific number of units with each patient |
| changing patient schedules |
| taking patients to the bathroom |

- During each focus group both therapy and nursing noted how conflict with the other group often caused decreased patient satisfaction and care.
- This study brought awareness of conflict between the therapy and nursing groups to each participant. It also allowed each participant to gain knowledge about their primary conflict management style through the Thomas-Kilmann Conflict MODE Instrument. They acquired knowledge regarding and how to use their primary style effectively, how to use the other styles and the dangers of overuse of each style.

IMPLICATIONS FOR OCCUPATIONAL THERAPY

According to Landa-Gonzalez (2008), "Working in a challenging and dynamic healthcare environment makes occupational therapists vulnerable to increased interpersonal conflicts" (p. 55)

Improve emotional well-being

AOTA notes that emotional well being plays an integral role in individual health and wellness (Health and Wellness", n.d.)

Conflict has the power to negatively effect mental and emotional health. Attention to conflict management thus can play an important role in improving the health and well being for employees and patients.

Help reach OT's Centennial Vision through expanded professional collaboration and conflict management

Making OT's as well as other members of the healthcare team aware of their conflict management style and how to use their primary style as well as the other styles effectively "may be helpful in designing strategies to advance an environment of increased collaboration, satisfaction and professional advancement" (Landa-Gonzalez, 2008, p. 56).

Why do OT's need to practice conflict management?

Enhance client-centered care

"Occupational therapy practitioners facilitate wellness through holistic and client-centered health promotion practice" (Pendelton and Schultz Krohn, 2013, p. 73).

Conflict management is crucial to effective patient care thus promoting occupational therapy's standard of client-centered care.

Improve communication and social skills

Priest et al., (2005) state, "effective communication is central to all therapeutic interaction and is increasingly identified in standards of health and social care" (p. 236) Communication and interpersonal skills are cited in several articles as key characteristics for conflict management in the workplace (Boone et al., 2008; Brown et al., 2011; Gardner, 2005; Hall, 2005).

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