

5TH EDITION

LEADERSHIP IN HEALTH CARE

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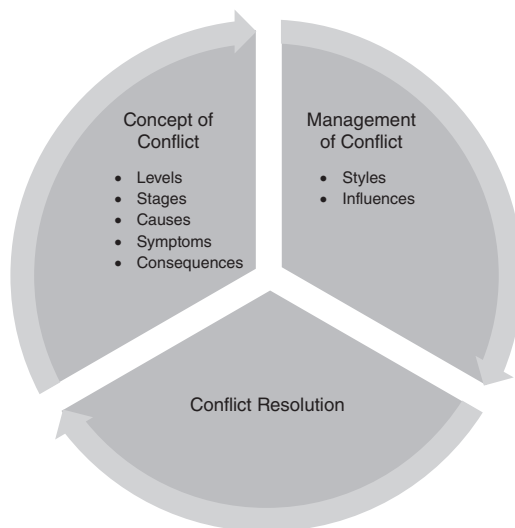
10

MANAGING CONFLICT

Chapter contents

Introduction.....	202
The Concept of Conflict.....	203
Levels of Conflict.....	204
Stages of Group Life and Conflict.....	206
Causes of Conflict.....	207
Symptoms of Conflict or Collision.....	209
Consequences of Conflict.....	209
Management of Conflict.....	210
Conflict Management Styles.....	212
Cultural Influences.....	216
Conflict Resolution.....	217
Summary.....	219

Learning outcomes



By the end of this chapter, you will have had the opportunity to:

- Discuss the concept of conflict
- Critically review a range of models associated with conflict management
- Critically explore the importance of conflict management within the context of problem solving
- Recognise the importance of cultural diversity in leadership during conflict.

Introduction

This chapter explores the notion of conflict management within the context of health care. Conflict involves discord and disagreement brought about by differences in ideas, values, interests, beliefs or feelings between two or more people (Labrague et al., 2018). Each of us has our own values that form our thinking, behaviour and motivation; so, not surprisingly, when we meet and work with others we find they have different perspectives from our own. This may then give rise to conflict in any given situation, so managing conflict effectively requires many qualities and skills for effective patient care. Conflict is not necessarily a terrible thing; if you think back to the discussion related to group formation, the second stage, *storming*, is all about conflict as the group settles to become effective (or not) as they begin to work together, and as such is an inescapable part of team working. Where there are vast numbers of people with differing backgrounds interacting with each other, daily conflict is an expected occurrence; together

with this, we must consider the demands being put on the health service due to the competitiveness of diverse groups for scarce health service resources. The results of conflict may be poor team behaviour, time wasting, poor productivity, absenteeism, stress and ill health. Leadership, therefore, must be interested in managing conflict; leaders must try to foresee as well as make sense of conflict situations, and plan solutions before patient care is compromised. McElhaney (1996, cited in Valentine, 2001) identified that probably about 20% (about one day a week) of managerial time is spent dealing with conflict.

The Concept of Conflict

In the twentieth century, conflict was considered in a negative light. In terms of organisational life, it was even thought to highlight poor leadership and was considered dysfunctional to the objectives of an organisation. Everything was meant to run smoothly and harmoniously and so conflict was pushed underground or accepted passively. Buchanan and Huczynski (2017: 702) suggested that conflict was a state of mind perceived by the parties involved. There has been debate concerning whether conflict within organisations is harmful. Tjosvold (2008) argued that conflict was an inevitable aspect of all organisations, but, if properly managed, he believed it provided better ways of working by combining the energies of different team members who used their experience and knowledge to generate innovative ideas. In his view, conflict was essential to successful teamwork and organisational effectiveness; therefore, it should be welcomed and managed appropriately. By contrast, De Dreu and Weingart (2003) felt that conflict was always detrimental, and research that supported the beneficial aspects of workplace conflict was weak. They felt that organisations had to make efforts to manage conflict, not because it had positive effects but to minimise its negative consequences. An example of clinical conflict can be seen in research carried out by Pecanac and Schwarze (2018). They found that interventions which improve understanding of each profession's responsibilities may be helpful in reducing intra-team conflict in the ICU. Al-Hamdan et al. (2019) used a descriptive correlation research design to examine the relationship between emotional intelligence (EI) and the conflict management style of Jordanian nurse managers, and concluded that training in EI could improve conflict resolution. These examples of research therefore reflect important aspects for health care leaders to consider in clinical practice.

Activity 10.1

Think about a recent episode where you experienced a conflict situation:

- Write down ten words that come to mind when you think about this situation.
 - Look back on your ten words.
 - Would you say they are negative or positive words?
-

Conflict is now seen as neither bad nor good, so you may have written down both negative-sounding words and the odd positive-sounding word. Good conflict management can bring about organisational growth, whereas poor conflict management can bring about destruction. The other side of the argument is that ‘well-managed conflict’ can be energising and vitalise forces that produce constructive group life, which is more of a positive, pluralistic approach and can result in a win-win situation (Handy, 1985; Covey, 2004; Cemi et al., 2012). Figure 10.1 reflects how conflict can affect the performance of an organisation both positively and negatively. On a more positive note, Chan et al. (2014: 934) note that constructive conflict can inspire innovations and creative strategies to address challenging issues and improve teamwork, patient care delivery and outcomes. Boothe et al. (2018) use the imagery of a giraffe’s perspective and uniqueness to see the bigger picture of a conflict situation, using non-violent or compassionate communication, which they termed ‘Giraffe Language’.

Within clinical practice, there are always elements of conflict due to the nature of professional roles and responsibilities. A concept analysis using an evolutionary approach was undertaken by Almost (2006) concerning conflict in nursing environments. She found that conflict was a multidimensional notion with both detrimental and beneficial effects. The antecedents to the concept related to individual and organisational issues as well as interpersonal relationships.

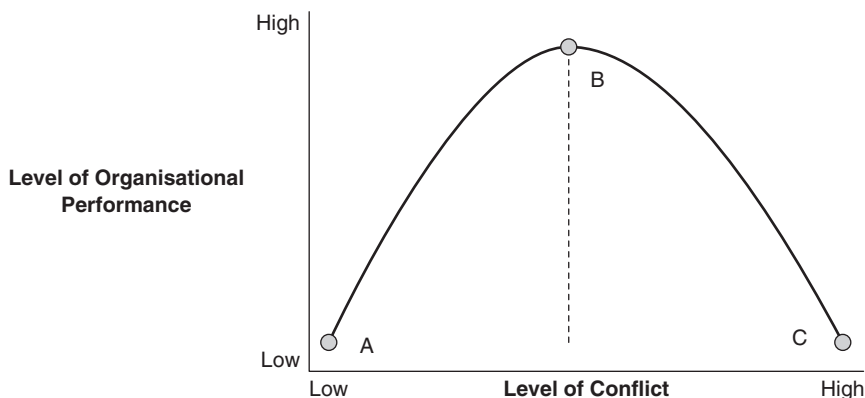


Figure 10.1 Conflict and organisational performance

Levels of Conflict

It is useful to understand the three levels of conflict when leading teams in health care. These levels are:

- intrapersonal
- interpersonal
- intergroup.

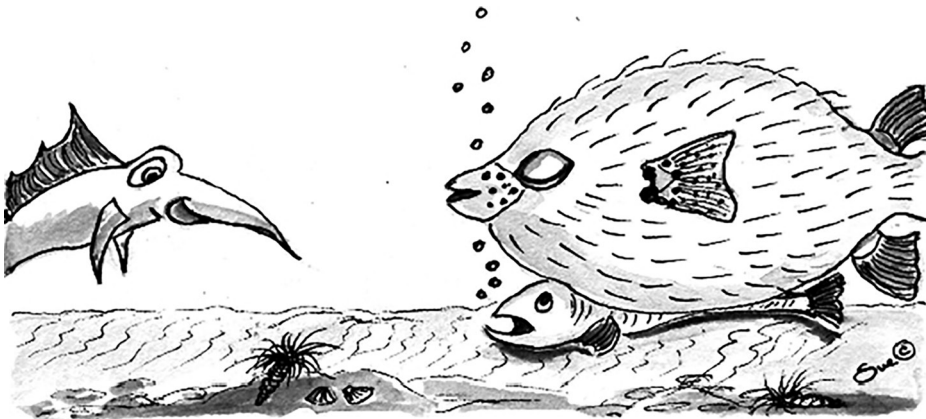
A good leader should acknowledge these as being different but also recognise how to attempt to manage conflict competently.

Intrapersonal Conflict

This takes place *within* an individual who may have difficulty in managing their contradictory felt needs or wants. It may involve role conflict or confusion, or it may be about balancing work and home life. Discord and unhappiness might occur before the situation is resolved. It is valuable to turn these internalised felt needs and wants into expressed needs. This can be achieved through self-awareness, and peer and leadership support.

Interpersonal Conflict

This takes place between two or more people with different values and beliefs. It is becoming a significant issue in health care where a conflict may bring about bullying and harassment, causing discontent, stress and grievance. Farrell (2001) identifies the phenomenon of 'horizontal violence' in nursing where some nurses are left squashed and deflated by more powerful members of their own profession. As is depicted in the cartoon, the more powerful fish is defending or deflating the small fish, while fending off or harassing the swordfish.



Source: Sue Pye

Intergroup Conflict

This takes place between two or more groups, departments or organisations. This kind of conflict may be the result of jealousies about others receiving more resources, recognition or favourable rewards.

Activity 10.2

Jot down some examples of the three types of conflict that you have experienced as a health care professional.

From a personal perspective, an *intrapersonal* conflict example for one of us relates to the dislike of driving to work and back along a motorway with lots of roadworks. I try to leave home very early or late to avoid rush hour. A recent *interpersonal* conflict related to confronting staff workload in a team, when one person was not happy helping another member of the team, because they felt they had enough to do. Not too long ago, I experienced *intergroup* conflict when the teachers on the post-registration programmes felt the teachers on the pre-registration programmes got the first choice of classrooms in the university building. It sounds as though I have had a very difficult time but, really, I see it as everyday working life; however, it can cause stress and disruption if not dealt with effectively. Pearce (2019: 38) notes that, in clinical practice, it is uncivil, derogatory, dismissive and unpleasant communication which causes conflict between colleagues, and therefore safe, good quality patient care is put at risk. Working pressures may be to blame and so effective, caring leadership is crucial in addressing staff conflict so that a culture of individual self-worth and value is shared.

Stages of Group Life and Conflict

How conflict emerges is important, because if leaders can identify the initial stages they can deal with them appropriately. Indeed, in terms of developing a team (see Chapter 5), the principles of leadership are related to two main ideas:

- diagnosis of the group stage
- intervening to help 'move the group on'.

**Previously discussed
in Chapter 5**

It is interesting to relate the stages of group development to emerging conflict. Tuckman's (1965) notion of a natural sequence for small groups offers a straightforward way of identifying with group life.

Activity 10.3

Consider whether you have ever experienced ALL five stages described by Tuckman.

One of us experienced the various stages of conflict when working as a theatre sister in an operating department where all the required instrumentation was available.

Storming arose when we had new members in the team who were uncertain of the expectations in order that both the surgeon and the anaesthetist had all they needed to ensure a safe and positive outcome for the patient. Eventually, they became assimilated in the team and we functioned efficiently again. While there are many different models relating to conflict, it is important to remember that they are just a simple representation of a complex situation. You may find yourself preferring one model to another or using an eclectic approach to leadership during conflict.

Causes of Conflict

The causes of conflict might have nothing to do with the work situation but may be associated, as briefly suggested above, with individual differences and possibly relate more specifically to variations in ideology and personal objectives. Conflict can arise for a variety of reasons. These can generally be grouped under the following headings:

- hidden agendas
- finite resources
- departmentalisation and specialisation
- work design
- role overlap
- unfair situations.

Hidden Agendas

The ward sister had been told in July that her rehabilitation ward would close in October and the staff would be relocated to another ward area. She had also been told that she must not discuss this with the staff as they would be duly informed at the beginning of September, when plans were in place. However, staff were becoming concerned that the ward sister was reluctant to discuss any staffing issues. Rumours, from an unknown source, started to emerge that the ward would be closed. As might be expected, the level of 'chatter' around the situation escalated and put the ward sister in a difficult position. Managerially, it might have been better if either nobody knew or everyone had been told what was proposed. Stress levels could have been reduced if the closure plan had been presented to all and the staff given time to accept the situation.

Finite Resources

A medical ward and a medical admissions unit (an MAU) would like to send a few members of staff on a clinical update. Due to the turnover of patients in the MAU, staff numbers have been curtailed. All NHS staff are aware of the current problems of financing

professional development, but if they are informed about the potential time frames for possible inclusion on courses they are invariably more accepting of the situation.

Departmentalisation and Specialisation

A renal ward is introducing a new outreach service into the community. Selected staff will be supporting patients and district nurses in keeping patients at home as much as possible. Some of the senior staff will continue with their inpatient work but those chosen will be given a new title of 'renal specialist'. For the effects of this to be reduced, there need to be very clear criteria for the selection of staff being transferred to the outreach facility (qualifications, roles, responsibilities, etc.) so that everyone can appreciate their position in the team.

Work Design

The general surgical theatre nursing staff have been divided into two teams and their theatre coverage has been allocated between the two theatres. One team, however, appears to complete their elective work by 4:30 p.m. while the other team are faced with elective work until 5:30 p.m. Using emotional intelligence, the staff who have completed their list might go to those in the other theatre to see if they can relieve someone for a short break, start to wash down the 'scrub room' or offer some other form of help.

Role Overlap

The district nurse has been sent a referral from the hospital to visit a patient. When she gets to the patient's house, the Macmillan nurse is there already, and the district nurse feels that she will not be required. Here, there is confusion about the complexity of community roles and an overlap of role expectations. This scenario highlights the need for effective communication with the patient, their family and community services, regarding discharge planning.

Unfair Situations

The night staff in a clinical area cannot gain access to educational updates while on duty. They have to try and 'fit their professional development' sessions in and around their working hours, which often means they get to the sessions after only a couple of hours' sleep or in the middle of their annual leave. The day staff can get to their updates for these sessions during their working time. Some employers might put on formal update sessions in the evening prior to a duty shift, to accommodate and address this problem.

Symptoms of Conflict or Collision

From the above examples, conflict can be seen to be a result of the multiple competing demands we have in health care. Leadership is required to help deal with past, present and even anticipated conflict situations. There are underpinning symptoms of conflict; these can help us to identify situations before the conflict becomes too oppressive.

These symptoms are:

- territorial issues
- poor communication – laterally or vertically
- intergroup jealousy
- interpersonal friction (personalities)
- escalation of arbitration
- increasing rules, norms and myths
- evidence of low morale.

Activity 10.4

Make some notes on the above symptoms in relation to the following:

- your past work-life experience
 - your current work-life situation
 - potential future work-life issues.
-

You will probably recognise that these symptoms are a feature in all work-life experiences. These symptoms may culminate in increasing sickness/absence and ultimately clinical staff retention. When pursuing a new position, you may need to critically question why a vacancy has occurred and why the position looks so glamorous. Being aware of 'staff turnover' in that clinical area may influence how you see your application. This should form part of your SWOT analysis. You must also understand how the organisational culture deals with symptoms of conflict when people are joining or leaving a workplace. You will need to get a sense of the quality of leadership, past and present, together with histories of conflict, so that you are fully aware of the environment you are applying to work in.

Consequences of Conflict

Almost (2006) noted the consequences of conflict related to those highlighted in Figure 10.2. From these ideas, you can identify both positive and negative outcomes; but unless it is managed effectively, negativity can dominate the situation.

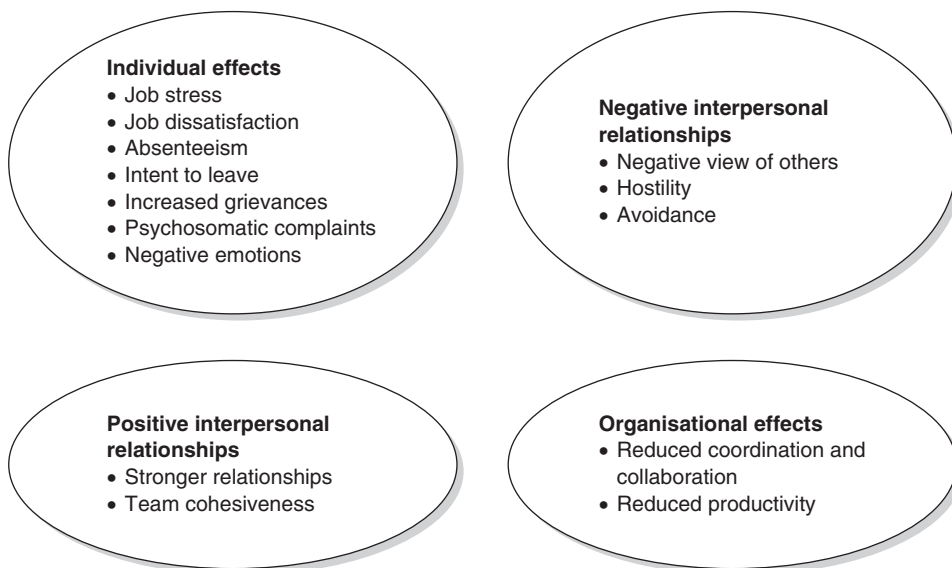


Figure 10.2 Consequences of conflict (Almost, 2006)

Unresolved conflict in the workplace has been linked to miscommunication or a lack of communication by leaders and managers, which can then result in confusion over role expectations, a refusal to cooperate, poor quality output, missed deadlines, increased stress, decreased collaboration, and a lack of willingness for the team to problem solve. We are sure you can think of many other effects as the list can go on for some length.

Management of Conflict

Marquis and Huston (2017: 560–1) suggest that the manager must examine the problem central to the conflict before deciding whether to intervene or not. If they decide to handle a conflict crisis when it occurs, they must also have thought about what the outcome would be if they did nothing. However, later they may decide to address the problem by identifying the root cause of the conflict before deciding whether to do anything about it. They go on to describe six stages of conflict as being:

- **latent conflict** implying the existence of antecedent conditions, e.g. short of staff, rapid change, is often hidden or ‘bubbling under the surface’
- **perceived conflict** usually involves issues and roles; if addressed, the problem could be resolved at this stage
- **felt conflict** when emotionalised, e.g. hostility, fear, anger
- **manifest conflict** is sometimes called *overt conflict*, where action is taken, and the reaction may be withdrawal from the situation or to seek conflict resolution
- **conflict resolution** is often influenced by culture, gender, age, power, position and upbringing

- **conflict aftermath** occurs after all episodes of conflict, whether it is positive or negative in its outcome.

Interestingly, the notion of the 6Cs (see Figure 10.3) may also be used for decision making in conflict situations where the 6Cs become:

- Construct a clear picture
- Compile a list of things to do
- Collect information
- Compare all alternatives
- Consider what could go wrong
- Commit to the decision. (www.fgbt.org)

In this way, you can be assured that all ‘angles’ of the problem have been considered before any action is taken, thereby ensuring that time and resources are not wasted during the actual execution of the task.

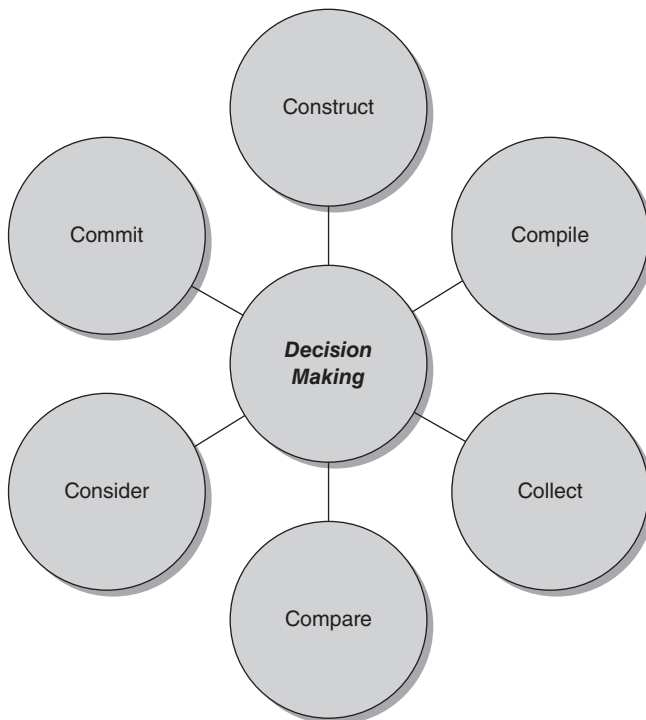


Figure 10.3 The 6Cs of decision making

Source: Full Gospel Businessman’s Training (2014)

The Royal College of Nursing (RCN) (2005) highlighted that most people experience negative and positive colleague relationships. They note the importance of good working relationships and support within teams, and have produced an excellent tool to explore

relationships on an individual and team basis through observable behaviours. You might like to follow the link provided for this tool, which is based on a self-awareness exercise, in the Further Reading section of this chapter.

The resource on the companion website focuses on five aspects of leadership:

- creating a friendly atmosphere (Qs 1 and 3)
- helping everyone to feel part of the team (Qs 4 and 6)
- looking after colleagues (Qs 5, 7 and 9)
- showing appreciation of the work that people do (Qs 1, 2, 10, 13, 14 and 15)
- demonstrating respect and consideration (Qs 8, 11, 12, 14, 15 and 16).

Obviously, you will have scored well here as we always have a better perception of ourselves than maybe others do! Now try to think about negative behaviours in the workplace and tick off those you have experience of.

Activity 10.5

Go through the issues in the resource on the companion website and discuss with a colleague the bullying or harassment examples.

Bullying normally involves overt or covert behaviour inflicted on another individual who cannot defend themselves effectively, and involves an imbalance of power (RCN, 2005). This power may involve status, information, knowledge, skill, access to resources and/or social position.

Three types of bullying behaviour are identified as:

- downward bullying (superior to subordinate)
- horizontal bullying (between peers)
- upward bullying (subordinate to superior).

Conflict Management Styles

Individuals respond to conflict in diverse ways – look back at the Johari Window and the learning styles activity to see where you differ from your colleagues, as it is clear from the comparisons that you will react differently in a conflict situation; some may like to

Chapters 1 and 11

argue the point, while others are accepting of the situation. There are thought to be several styles of conflict management which people use in organisations. Blake and Mouton's (1985) grid for differentiating conflict management styles along two axes, stems from their 1960s model and relates to people's motivation on two dimensions:

- concern for production
- concern for people.

Thomas (1976) reshaped this model and focused on:

- the desire to satisfy one's own concern
- the desire to satisfy others' concern.

Meanwhile, Rahim (2011) relabelled the dimensions more simply:

- concern for self
- concern for others.

Five styles of conflict management have been identified that reflect the degree to which conflict can be managed. They are based on levels of assertiveness and cooperativeness. The model, which depicts these styles along the two axes, can be seen in Figure 10.4.

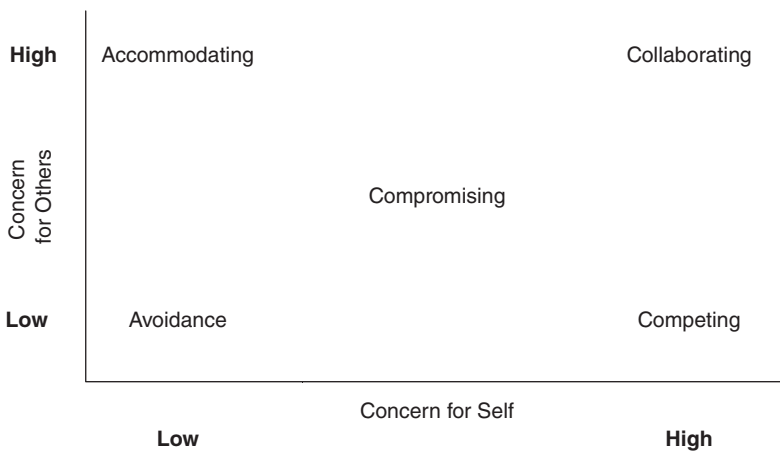


Figure 10.4 Conflict styles

Source: Adapted from Thomas (1976) and Rahim (1983)

Avoidance

This is considered a passive activity where there is a withdrawal from a tricky situation. Complaints are ignored and there is a closure put on open discussion. This reflects a lack of concern for a healthy team life where problems are largely unresolved, and conflict persists.

Competing

Here, power is used to dominate the situation for self-interest and the needs of the team are ignored. This is generally a win-lose situation, and the style reflects a high concern

for self but low concern for others in the team; often, there is the perception that one person's success is directly related to another's failure.

Accommodating

In accommodation, differences are minimised as an obliging act and there is surrender to the stronger party. This reflects a low concern for oneself but a high concern for others in the team. Team members demonstrating this style are often quick to give in to avoid any conflict. They also may have difficulty in communicating their concerns openly and directly to the perceived leader.

Compromising

Compromise is evident where there is negotiation and an attempt to meet on middle ground so that all sides win. This reflects a moderate degree of concern for oneself and team life, and as such is the best option for getting a team to agree on the way forward.

Collaborating

This involves exploring and examining each of the differences to find a solution that is acceptable and of benefit to all involved. Openness and exchanges of information with effective communication and problem solving are evident. This style reflects a high concern for oneself and the team, and is an optimal approach as it attempts to take everyone's concerns into consideration, and often has the best long-term results.

Thomas (1977) indicated that there were occasions when each of the above conflict management styles would be useful. Barzey (2005: 62) notes the importance of being aware of behaviour that causes problems, and suggests that difficult people elicit negative behaviours to gain control over situations. She sees the following difficult behaviour types:

- **complainers:** they are quick to find problems but offer no solutions
- **negatives:** they refuse to involve themselves in change
- **insecure:** they throw tantrums and are critical of others
- **bull in a china shop:** they are always right and must win, stamping all over others
- **knows it all:** they are usually valuable to the team but give off a superior attitude and override others
- **timidly pleasant:** they are quiet and pleasant but often unresponsive to requests for help
- **passive-aggressive:** they are indecisive in not wanting to disappoint others
- **oblivious:** they have little regard for the way they come across.

Activity 10.6

Consider Barzey's (2005) difficult behaviour types. Do you think we categorise people into these typologies? Are these behaviours difficult to cope with?

It is important that these behaviours are real, but care should be taken not to stereotype individuals. These behaviours happen because of circumstances, and indeed may have developed to protect individuals from their external world because of past experiences. It is very difficult to change these behaviours overnight. A philosophy for overcoming future conflict in a team may suggest the following points:

- having participative and supportive leadership for a trusting and respecting climate
- clarifying higher order goals, objectives, roles and standards
- knowing when to confront, and how to diffuse aggression and reduce the risk of aggression
- paying careful attention to human resources (HR) policies and procedures
- focusing on problematical systems and processes (rather than individuals)
- attempting to use initiative/innovation to overcome resource limitations and the use of non-monetary rewards
- paying attention to the factors affecting group dynamics.

In terms of effective strategies for handling conflict, Barzey (2005) suggests that to prevent the escalation of any conflict situation, the following actions may prove useful:

- Keep calm.
- Remain positive.
- Protect privacy.
- Be direct and objective.
- Address the problem not the person.
- Maintain eye contact and be aware of body language.
- Be aware of the tone of your voice.
- Know when to involve a third party such as your line manager or HR.

The challenges of workplace change in the context of COVID-19 have highlighted the issue of conflict on a personal, team and organisational level. Recent global conflicts regarding access to protective equipment, ventilators, drugs and medicines require strong health leaders and politicians to deal with this in a collaborative and accommodating stance, as the world is watching the strategies employed to overcome these conflicts. Moore (2020: 36) highlights evidence that the pandemic crisis has provided an opportunity to improve care and rekindle nursing passion and pride through the three central leadership elements of communication, vision and values.

Cultural Influences

The method of conflict management utilised by individual leaders may be influenced by their own cultural background. Hofstede (1980) used a cross-cultural study to identify cultural similarities and differences between 116,000 employees in a large multinational company. He identified four cultural dimensions that can affect conflict management, and mapped out 40 cultures into eight categories according to the following dimensions:

- power distance (PD)
- uncertainty avoidance (UA)
- individualism–collectivism (IC)
- masculinity–femininity (MF).

Power Distance (PD)

This relates to the degree to which inequality of power is accepted by a culture. Like intergroup conflict, this can be the result of jealousies towards others who are receiving more resources, recognition or favourable rewards. Argentina and Spain rank as high-power cultures where leaders are expected to use their full power over subordinates, resulting in low mutual trust and a preference for leaders to be more directive to avoid disharmony. Australia and Canada rank as low power cultures, where a more collegial relationship exists, with mutual trust being demonstrated.

Uncertainty Avoidance (UA)

This dimension relates to the extent to which each culture encourages or discourages risk taking. Japan, Iran and Turkey are high on uncertainty avoidance, disliked ambiguity and risk taking, while Hong Kong and Taiwan are low uncertainty avoidance cultures.

Individualism–Collectivism (IC)

The UK and the USA are individualistic cultures as opposed to collectivist cultures such as the Philippines and Singapore, which require loyalty to the family and wider social structures.

Masculinity–Femininity (MF)

Some cultures, such as those of Italy and South Africa, are considered masculine, with an emphasis on material possessions such as money, status and ambition. In contrast,

in feminine countries such as those in Scandinavia and Holland, emphasis is placed on the environment, quality of life and caring, with greater equality between the sexes. The eight cultures and their typologies are defined as outlined in Table 10.1.

Table 10.1 Cultural typologies

1	More developed Latin, e.g. Belgium, France, Argentina, Brazil, Spain	↑PD, UA and individualism Medium masculinity
2	Less developed Latin, e.g. Columbia, Mexico, Chile, Yugoslavia, Portugal	↑PD and UA individualism Mostly masculine
3	More developed Asian, e.g. Japan	↑UA medium PD and individualism High masculinity
4	Less developed Asian, e.g. Pakistan, Taiwan, Thailand, Hong Kong, India, Philippines, Singapore	↑PD UA, individualism Medium masculinity
5	Near Eastern, e.g. Greece, Iran and Turkey	↑PD and UA ↑ individualism Medium masculinity
6	Germanic, e.g. Austria, Israel, Germany, Switzerland, South Africa, Italy	↑PD ↑ UA medium individualism High masculinity
7	Anglo, e.g. Australia, Canada, the UK, Ireland, New Zealand, the USA	↑PD and low to medium UA high individualism High masculinity
8	Nordic, e.g. Denmark, Finland, The Netherlands, Norway, Sweden	↑PD and low to medium UA medium individualism Low masculinity

What are your thoughts on this research 40 years or so on? Do you think each culture based on a country can be simplistically broken down like this, or do you think that the gender, age or social class of individuals, as well as the growth of multiculturalism, negate these ideas when we think about dealing with conflict?

Despite the question, it appears that the way leaders manage conflict has probably been influenced by the nurturing culture in which they have been socialised, and work by Hofstede offers some explanation of the diversity in the way people manage and lead their teams.

Conflict Resolution

So how do we resolve conflict? If I could answer this question with any degree of confidence, then the world would be a peaceful place. We must always consider the 'other person's' point of view, and decide where the points of collaboration and agreement can be met and exactly what the sticking points are. Becoming aware of your own responses to conflict is an important part of becoming an effective leader. In Chapter 11, we will examine emotional intelligence, which again looks at how we interact with others and how others might assume we behave.

Activity 10.7

Think of a recent situation in practice where there is an obvious argument within the team you are involved with. Write notes on the following:

- What was happening?
- What were your feelings?
- How did you or someone else manage the conflict issue?
- Could this have been managed any better?

- Conflict is often person centred, so it is useful to separate the people from the problem. Often, we attribute the problem to a person or a group of people which tends to cloud our vision in determining a solution; hence, problems in teams are attributed to a 'personality clash'. Was it this that led you to try and leave the situation?
- As a leader, we need to be inventive to come up with mutually acceptable solutions through negotiation. If your conflict was about workload, try to find a way of evaluating the solution to demonstrate that it is fair to everyone to some degree.

Day-Calder (2018) highlights the following advice in a conflict situation:

- Let go.
- Think before you speak.
- Don't underestimate the power of active listening.
- Be mindful that conflict is emotional.
- Avoid judging – remain open.
- Ask for help.
- Show integrity.
- Stick to the facts.
- Try to agree a way to move forward.
- Reflect – on learning.
- Remember – no one is perfect.

Clearly, conflict is something we must live with to some degree and something we must deal with. If we are part of a team that has a 'difficult' member, rather than ignoring them we should listen to their issues (however thoughtless we might think they are) and attempt to coach that person by setting targets to improve their interpersonal skills; if you encourage the whole team to take responsibility for engaging that person as a valued member of the team, they should become more effective as a team member. This is really about compassion and kindness for each of our colleagues:

Constant kindness can accomplish much. As the sun makes the snow melt, kindness causes misunderstanding, mistrust, and hostility to evaporate. (Albert Schweitzer, 1875–1965)

Summary

Key Points

This chapter has examined various aspects of managing conflict to meet the identified learning outcomes. These were to:

- **Discuss the concept of conflict** Here, we explored the negative and positive perceptions of conflict and its importance for organisational performance.
- **Critically review a range of models associated with conflict management** Models that underpin conflict levels, conflict causes and conflict management were offered in the context of the leadership role in developing positive collegial relationships and recognising negative behaviours in the team.
- **Critically explore the importance of conflict management within the context of problem solving** Conflict management styles were positioned against concern for self and others in dealing with the problems faced by leaders in health care.
- **Recognise the importance of cultural diversity for leadership during conflict** Here, four cultural dimensions that can affect conflict management were discussed.

Further Reading

Almost, J., Doran, D. and Hall, L. (2010) Antecedents and consequences of intra-group conflict amongst nurses. *Journal of Nursing Management*, 18(8): 981–92.

Brinkert, R. (2010) A literature review of conflict causes, costs, benefits, and interventions in nursing. *Journal of Nursing Management*, 18: 145–56.

YouTube videos:

- Constant Kindness: www.youtube.com/watch?v=c01P6aHfj28
- Be Kind Always: www.youtube.com/watch?v=GnDZqkiz_ts&t=7s
- A Little Act of Kindness: www.youtube.com/watch?v=vdfTrGFC8nU

