Change and conflict management in nursing

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Change and Conflict

Change and conflict occur in all aspects of our society. In nursing, it is important to identify and embrace change, address and resolve conflict, and do so in an effective and efficient manner. This paper will present descriptions of change theories, conflict theories, and how a nurse's ability to handle both can enhance or hinder effective leadership. Additionally, the leader as a change agent will be discussed.

Change Theories

While there are numerous theories of change that exist, in the profession of nursing there are three main theories that are consistently seen throughout the healthcare industry. These theories are Lewins theory of change, Rogers change theory, and Spradley's change theory.

Lewins change theory

Probably the most recognizable theory of change is that presented by Kurt Lewin. His theory involves three stages to change: unfreezing, moving, and refreezing (Stolley, 2005). Two forces are present in this theory, the driving force, or those pushing for a particular change, and the resistant force, those who are resistant to the change. For change to occur the driving force or agents for change, must be stronger than the resistant force. In the unfreezing stage, the driving force develops a method that allows people to let go of the current, unproductive way of doing something. By finding this method, individual resistance to the change is overcome. In the moving

phase, individuals are encouraged to change their way of thinking, feeling, or behavior to the new method. Finally, in the refreezing stage, this change becomes the new habit and ultimately the standard operating procedure.

Lewins theory is also referred to as the force field theory that states an organization attempts to maintain a state of equilibrium between change forces and restraining forces (Swanson, & Creed, 2014). Change agents are the forces for change and must overcome the restraining forces to make the change successful.

Rogers change theory

Everette Rogers's theory is a modification of Lewin's change theory and involves five stages. The stages are awareness, interest, evaluation, implementation and adoption (Boston University School of Health, 2013). Roger's theory is typically applied to long term projects. In the awareness stage, individuals are exposed to the new idea or process but lack all of the information about it. In the interest stage, the individual is interested in the new idea and seeks out additional information. The next stage is the evaluation stage where the individual determines how to apply the idea or process to their situation and decides whether or not they want to try it. The implementation stage occurs when the individual decides to make full use of the idea or process. Finally, in the adoption stage, the individual decides to continue to use the new idea or process.

Roger's theory is an example of social cognitive theory. Change does not occur immediately among all those presented with the change. There are actually five groups of people that implement the change over time. These

groups are innovators who are leaders that embrace the change immediately, early adopters who are also leaders but will follow innovators, the early majority who are the bulk of the followers, the late majority who include skeptics of the change, and finally laggards who are resistant to change (Kaminski, 2011).

Spradley's change theory

Spradley's change theory is also a derivative of Lewins theory of change that involves an eight step process. The difference in Spradley's theory is that it provides for constant evaluation of the change during implementation to ensure it is successful. The eight steps are recognition of a need for change, diagnosis of the problem, analysis of alternative solutions, selection of the change to be implemented, plan the change, implement the change, evaluate the implementation, and stabilize the change (Stolley, 2005). Spradley's theory also allows for the investigation of multiple alternatives to the problem. The change agent initiates the process by recognizing a problem, defining the problem, and developing different solutions to the problem. Throughout the process, there is the constant evaluation that improves the chances for implementing a relevant, and effective solution. Spradley's theory can be an instrument of social change (change from the bottom up) or corporate change (from the top down).

Conflict theories

The constant change that nurses encounter in the healthcare industry causes conflict. There are four main conflict theories: organizational conflict

theory, social conflict theory, social cognitive theory, and social exchange theory.

Organizational conflict theory

Organizational conflict theory identifies conflict on several levels. Interpersonal conflict is between workers in an organization. Conflict can also occur between departments within an organization. Finally, conflict can occur between organizations. Some conflict is considered healthy for the organization as it promotes creativity and ultimately, productivity (Deutsch, 2000). The key to management of this type of conflict is communication to manage the conflict and develop cooperative solutions.

Social Conflict Theory

This theory contends that conflict exists between people because individuals are motivated to act based on their own desires rather than the desires of others. This can be applied to classes of people. For example, social conflict theory says that the wealthy act to maintain their wealth, while the poor act to increase their wealth. Karl Marx is often cited as developing social conflict theory through his writings where he discussed the constant struggle between factory owners and factory workers during the industrial revolution in Europe (Segal, & Smith, 2015).

Social Cognitive Theory

Social cognitive theory states that learning occurs in a social context and most learning is based on observations (Denler, Wolters, & Benzon, 2014). It is also applied to classroom motivation and achievement. It states that

people have an ability to influence their behavior and their environment in a manner that is in alignment with their goals.

Social Exchange Theory

Social exchange theory states that relationships have give and take, but the balance of these exchanges aren't always equal (Changing Minds, 2014). This theory explains how we feel about a relationship based on our perception of what we put into the relationship versus what we get out of it, what kind of relationship we think we deserve, and whether we can have a better relationship with someone else.

Handling Conflict

It is important as a healthcare leader to quickly identify conflict and respond to it in a positive manner. The first step to resolving conflict is to recognize that conflict arises out of differences between individuals, departments, or organizations (Segal, & Smith, 2015). Whether these differences are real or perceived, they are equally important to both parties. How a leader responds to conflict can either lead to a resolution, or create more conflict.

Examples of unhealthy responses to conflict include: failure to recognize the importance of the details of the conflict, explosive, angry, or resentful reactions, inability to compromise, and fear or avoidance of conflict. These responses will erode the respect your subordinates have for you and hinder your ability to be a leader (Deutsch, 2000).

Examples of healthy responses to conflict include calm and respectful reactions, a readiness to forgive and forget animosity related to the conflict

and move forward without harboring feelings of resentment or anger, courage to face conflict head on, and seeking compromise while avoiding punishing.

Leader as a change agent

The nurse leader uses their power sources to act as a change agent. They must use their image of power to promote involvement of staff in the project to gain support and commitment (Daly, Speedy, & Jackson, 2015). The nurse leader must demonstrate their knowledge and competency through their expert power. They must also use their connection power to communicate with others to relay the elements of change as well as receive feedback of opinions and doubts of others (Daly, Speedy, & Jackson). Their use of referent power to gain the respect of others helps the nurse leader to persuade and motivate others to accept change as well. By approaching change in a positive manner, the nurse leader has the ability to gain support for the change among subordinates throughout the department and organization.

Conclusion

Conflict and change are ever present in the healthcare environment, due to the dynamic nature of the industry. The ability of the nurse leader to effectively promote change, while recognizing and resolving conflict among staff are critical skills that the successful leader must have. Recognizing that conflict and change are necessary to improve care and spark creativity is the important first step towards effectively managing both.

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