

Conflict resolution and communication in healthcare



**ASSIGN
BUSTER**

Reflective Writing on Critical Incident in the Clinical Experience with Integration of Leadership Theories in Analysis.

This write up aims at exploring a conflict that occurred in an urban private hospital concerning a patient, relatives and medical team. Its purpose is to reflect and critically study and understand a clinical incident and use it as a learning episode by use of reflective model. To identify the measures put in place to manage the conflict and the type of leadership skills and leadership theories used to resolve the conflict. Gibbs reflective cycle will be used to expound on the scenario as it unfolded. This is because Gibbs is clear and thus allows description, analysis and evaluation of the experience helping me to make sense of experiences and examines my practice (Gibbs, 1988).

Conflict can be defined as disagreement in which the people involved feels that their needs, interests and concerns are threatened. Health care related conflicts are complicated because the care process is ongoing and involving a lot of emotional effort and professional relationships therefore tends to occur frequently and thus interpersonal conflicts, (Johansen, 2012)

Incident description

I once worked in private urban hospital and while there on my practice I encountered a scenario that left me thinking on how well our patients are informed and involved in their care. On this particular day I reported to work as usual and received the report in a high dependency unit, about the unit and the patients admitted. Special report given was that there were some pending investigative procedures on two patients to be facilitated by one

consultant. This investigation were requested on the previous day therefore follow up was to be done during this shift to ensure they are done.

After receiving the report we went for quick unit round and assessed the patient status and then the unit manager embarked on contacting the consultant to come and do the tests, efforts to trace him were futile since his phone was not going through. The unit manager contacted the second on call for the same and said that he was out of town thus not in a position of performing the test the same day. In this particular organization the patient and relatives are appraised on daily basis of everything that it's to be done therefore the relatives were eagerly waiting for the test result when they came back during the visiting. When the relatives came back they wanted to know the test results unfortunately they were not available because the test had not been done, the manager and the doctor covering the unit tried to explain to them in vain.

They became very furious and agitated and started using abusive language. Efforts to make them understand were futile. They walked out of the unit to have a discussion among themselves and in 30minutes they were back demanding that their patient be discharged against medical advice so that they can outsource the service elsewhere saying " you people do not care about our patient but we care about him and we are ready do anything possible to facilitate this test been done". They signed the form for leaving against medical advice and left.

From this episode a crisis meeting was convened to include the medical director, director of nursing the unit in-charge and the doctor who was

covering the unit then and a critical analysis and evaluation of the scenario was done and it was resolved that this particular consultant always have an issue with his patient whenever he is on call and therefore it was agreed that the director of medical services and nursing service will meet with the doctor and have a one on one discussion in order to prevent a recurrence.

It was also agreed that we follow up on this particular patient and find out what was their progress and whether they went for the test and to even apologize to them and let them understand that we care and patients interest come first and only that there was a problem on that day, the patient was traced and found to be doing well and they never went for the test on that particular day they had to wait until the next since they could not get the service where they went because it's the same consultant who doing the procedure in that facility and therefore opted to come back to our facility for readmission and they very apologetic and remorseful for the actions “ we regret our action and we want to apologize for unnecessary attention that we demanded for while your efforts was to ensure for better outcome of patient. We are sincerely sorry for the disturbance and our shameful acts” we reassured the relatives and readmitted the patient for continued care.

Feelings

This experience made me feel like we failed no matter how we tried explaining to the client and his relatives it never seemed to be working. I also felt that we failed to meet our goal of ensuring that patients are satisfied with the services they receive, though the unit manager was very

composed throughout this situation and handled the relatives with a lot of care and caution she never seemed to be worked up by their demand.

This leader portrayed very good qualities that I really admired and felt that I should emulate, she had a good charisma. Felt that she was a transformational leader because she displayed charisma and we as her juniors followed her way of instituting measures in place. She was able to reason with the relatives and explain on the events as they were unfolding even though they never paid any attention or reasoned with her, she explained of the challenge we were facing in the situation. She engaged the relative by stimulating them to understand through use of logical questions and exploring on their assumptions (Hendel, Fish & Galon, 2005).

I also felt the manager had some qualities of transactional leader because she was able to monitor the performance and step in to correct the situations as they arose and also utilized passive management since the problem arose unexpectedly and therefore rushed in to handle the situations (Hendel, Fish & Galon, 2005). Utilization of these skills gave the manager an upper hand in handling the furious relatives and creating their understanding even though they decided to leave the hospital.

Convening a crisis meeting by the management was a very important step as this created an opportunity to address the issue as it happened and come up with solutions to prevent recurrence and provide steps in handling the situation in case it recurs. The affected consultant was also give an opportunity to explain what transpired and he had a genuine reason because

he was in theater doing a procedure and he called back to the facility after he was done to inquire why we were calling him them.

I felt that the relatives also have role to play during care of their loved by been supportive and establishing a trusting professional relationship with the health professional to establish a common working ground. Decision to withdraw the patient from the hospital was solely made by the relative and the patient felt vulnerable and tossed around since he could not make sound decision there compromising on the patient care in the name of seeking for a service.

Evaluation

This episode provided a learning situation for me as I experience how difficult it might be in handling clients that you have already established a professional relationship with, and with all efforts to try and let the clients understand the situation by providing them with information. What was good about this incident is that the manager was very calm and composed all through and understood the feelings of the relatives concerning their loved one. She was able to utilize her skills optimally to handle the situation. What was bad about the situation is that the investigation was not carried out and the clients felt ignored or left out and thus opted to leave the hospital and seek services elsewhere as fate would have its way they never accessed the services on the material day because most of them are outsourced and the same consultant does the procedure in the facility they went too. They were embarrassed by their behavior and even come back to apologize on the

same and we reassured them. Eventually they brought the patient for readmission.

Study done in an Israel hospital on conflict resolution on nursing managers indicated that they mostly utilized transformational leadership style because it allows for creativity and flexibility in problem solving and scrutinizing all protocols and policies set to manage situation through critical analysis (Hendel, Fish & Galon, 2005).

Actions to withdraw the patient and interrupt care compromised on the patient health status and even the expected outcome.

Analysis

From this situation the patient's relatives were right in demanding for action because they had been explained about the test, its importance and why the result may be needed to make decision on the way forward in patient's management. On the same case having not done the test on the same day would not have worsened patient's condition and still medical management would still be ongoing as we awaited the test to be done. The crisis meeting organized ensured the lasting solution is availed in order to improve on patient care and therefore a ensure quality care leading to better patient outcome.

To effectively resolve a conflict a better understanding should be ensured through clear communication and understanding the crisis leading to disagreement. Therefore conflict resolution becomes an important aspect in prevention of errors occurring (Sportsman & Hamilton, 2007).

The unit manager utilized the transformational theory and understood that followers are an important aspect to facilitate leadership and that the follower is always accountable and with skills to critique scenarios and issues as they unfold just like the leader does. Similar to the incident the manager took control of the situation vividly which was a learning opportunity for in the unit that day as potential leaders (Daft, 2008).

Conclusion

From this incident it can be concluded that the health team played their part well though an element of ineffective communication is evident since the relatives were aware that the test needed to be done in order to make a decision on the management therefore emphasis had been put across thus explains their fury when it was not done.

Leadership experience plays an important role in ensuring or equipping the leader with skills to handle a situation in the future thus creating an understanding of the theories used in leadership. For one to be an effective leader one must learn whom they are, what are the strengths and weaknesses, establish a personal philosophy and be strong to stand firm and represent what we believe in terms of patients' care and skills of conflict resolution (Daft, 2008).

Action plan

To work as a team is an important aspect of nursing and that effective communication is paramount in ensuring that the patient and relatives are well informed on the care provided to their loved ones. This experience has been an eye opener for me and it has made me realize that I can never be

ready to solve a conflict this because each occurrence is always unique and present in a different manner, therefore utilization of leaderships skills become important. This will change the current practice because more emphasis will be on passing information to the relevant bodies.

References.

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