COMMENTARY

Conflict Management in Healthcare: Integrating Strategies and Styles for Better Health Outcomes

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Abstract

Conflict is an inherent aspect of healthcare due to its dynamic and multidimensional environment. It frequently stems from factors such as workload demands, interpersonal friction, limited resources, and systemic challenges, which can negatively influence teamwork, morale, and the quality of patient care. Left unresolved, conflicts may lead to diminished collaboration and compromised safety. However, conflict can drive innovation, enhance problem-solving, and strengthen professional relationships when managed effectively.

This commentary delves into conflict management in healthcare, emphasizing the integration of conflict types, strategies, and styles to address disputes constructively. It categorizes conflicts into intrapersonal, interpersonal, intergroup, and organizational levels, providing insights into their causes and manifestations. The stages of conflict—latent, perceived, felt, manifest, and aftermath—are explored to demonstrate how unaddressed tensions can escalate into open disagreements. Systemic issues, such as staff shortages and task mismanagement, are identified, with actionable solutions proposed to promote workplace harmony.

The commentary also showcases a case scenario illustrating the conflict between a doctor and a nurse in a hospital setting, demonstrating how such disputes can be effectively managed. Strategies like open communication, mediation, and collaborative problem-solving are presented through real-life situations. Additionally, the commentary highlights the importance of recognizing diverse conflict styles, such as competing, accommodating, avoiding, compromising, and collaborating, to implement context-specific interventions.

In conclusion, by integrating practical conflict management approaches, healthcare organizations can turn disputes into opportunities for growth, enhancing collaboration and improving outcomes in patient care.

Keywords: Conflict management styles, Conflict resolution, Conflicts, Healthcare, Intergroup conflict, Interpersonal conflict, Intrapersonal conflict.

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Introduction

Conflict is commonly defined as a disagreement within oneself or differences or disputes among or between persons that have the potential to cause harm or, in fact, cause damage. Conflict is inevitable and happens in all aspects of life and any field.[1] It can manifest as individual friction, team tension, or decision contention. At times, quarrels or arguments escalate into more profound disharmony or disagreement, affecting relationships and productivity. Conflicts affect efficiency, confidence, self-reliance, self-esteem, and morale among employees and team members.[2]

Conflicts may arise among doctors, among nurses, among staff, between doctors and nurses, between doctors and staff, between nurses and staff, among healthcare teams, between healthcare professionals and management, or between healthcare professionals or teams and patients or patients' families. Conflict has also developed among healthcare research teams.[3]

It has been reported that conflict in healthcare often arises from familiar sources, including workload pressures, burnout, unclear task allocations, personality differences, poor interpersonal relationships, resource limitations, ethical dilemmas, hierarchical structures, differences in opinion, patient and family expectations, poor decision-making, and lack of leadership. If left unaddressed, conflict can lead to adverse outcomes, including reduced teamwork, poor morale, and compromised patient safety and care quality.[4] However, if effectively managed, it can foster innovation, strengthen collaboration, enhance problem-solving, motivate staff, and improve healthcare delivery.[5]

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Conflicts can have positive and negative effects depending on how they are managed and resolved. Positive conflict fosters innovation, creativity, and growth. It encourages individuals and teams to challenge ideas constructively, leading to better problem-solving and decision-making. For example, a healthy debate among healthcare professionals about a treatment plan can result in the best possible care for a patient. When resolved effectively, positive conflict can improve communication, strengthen relationships, and enhance team cohesion.

Conversely, negative conflict often leads to stress, frustration, and a toxic work environment. It can decrease productivity, lower morale, and damage professional relationships. For example,

negative conflict in healthcare settings can adversely affect patient care, cause burnout among professionals, and lead to a higher turnover rate. Prolonged unresolved conflict may escalate to resentment, causing long-term damage to organizational culture and individual well-being.

Conflicts can arise from various causes, which may lead to positive or negative outcomes, such as differences in goals or priorities, communication barriers, resource allocation, personality differences, stress, and workload. The state of conditions in healthcare is no different. The healthcare environment is a complex system of relationships.

Types of Conflict

In healthcare, conflicts can arise at various levels and among different stakeholders due to the complexity of the system, diverse professional roles, and high-stakes environments. The types of conflicts in healthcare can be intrapersonal, interpersonal, intergroup, and organizational conflict.[6] Intrapersonal conflict occurs within an individual when they must choose between two alternatives. For instance, a nurse may experience a dilemma while following the strict protocols of the hospital and providing personalized care to a patient. Interpersonal conflict occurs between two or more individuals due to differences in opinions, values, or communication styles. This type of conflict can be seen between a doctor and a nurse regarding patient care priorities. Intergroup conflict refers to disagreements and differences between the members of two or more groups or their representatives over authority, territory, and resources. For instance, conflict may occur between the emergency department and the intensive care unit (ICU) over patient safety protocols. Organizational conflict arises in an organization because of differing perceptions or goals. This stems from systemic issues like policies, resource allocation, or hierarchical structure, such as staff dissatisfaction due to changes in hospital policies affecting work hours or salaries. Conflict can also be categorized into three types: task conflict, relationship conflict, and process conflict. Task conflict (or cognitive conflict) arises from disagreements about the content or outcome of a task. For example, a team of surgeons debating the best surgical approach for a complex procedure. While they share the same goal of achieving the best patient outcome, their differing perspectives may lead to task conflict. Relationship conflict (or emotional conflict) occurs due to clashes in personalities or interpersonal tensions. For example, a nurse and a doctor frequently clash due to differing communication styles, leading to tension and affecting teamwork. Process conflict refers to disagreements about the methods or procedures for completing a task.[7] For example, team members may disagree over scheduling and delegating tasks during a busy shift. This disagreement may hinder workflow efficiency until resolved.

Stages of Conflict

Conflict often progresses through several distinct phases, starting from latent, perceived, felt, manifest, and aftermath stages.[8] The latent conflict stage occurs when underlying tensions or differences exist but have not yet been expressed. For example, the administration has introduced a new hospital policy of implementing an electronic data management system, which may lead to a perception of increased workload, resulting in stress and absenteeism. The perceived conflict stage occurs when parties recognize differing perspectives or incompatible goals, raising concerns in various informal settings. For instance, as the project moved forward, the staff realized the misalignment of goals. Doctors were worried about spending more time on data entry than patient interaction, while nurses felt overwhelmed by the anticipated increase in their documentation workload. The lack of communication from the administrators exacerbated these concerns, and the staff began voicing their apprehensions in informal settings. The felt conflict stage involves emotional engagement, where feelings of frustration, anger, or stress begin to develop. Frustration mounted among nurses struggling to understand the system, and doctors voiced anger about the disruption in clinical workflows. The staff felt unsupported and unheard, creating a sense of distrust toward the administration. The manifest conflict stage is marked by visible behaviors such as arguments, debates, or disrupted communication. For example, the conflict reached a boiling point, and nurses and doctors openly criticized the administrators, accusing them of overburdening staff and failing to implement changes in a staged manner. Heated debates followed, with some staff members walking out in protest. Communication between teams broke down, and the training sessions became increasingly unproductive. Finally, the conflict aftermath refers to the resolution or outcome of the conflict and its impact on the future, either positively or negatively. Resolved conflicts can lead to improved teamwork, trust, and collaboration, while unresolved conflicts may result in mistrust, disruption, and poor teamwork. Example: Realizing the severity of the situation, the hospital administration took corrective action. They organized focus groups to gather feedback, implemented modifications to the Electronic Health Record (HER) system based on clinician input, and provided additional training sessions. Over time, trust was rebuilt, and the staff began recognizing the benefits of the new system.

Conflict Management Styles

The Thomas–Kilmann conflict model identifies five approaches to managing conflict based on assertiveness (the extent to which a person seeks to satisfy their concerns) and cooperativeness (the extent to which they seek to satisfy others' concerns).[7,9] These styles, as outlined in the model, provide a framework for understanding responses to conflict (Fig. 1).[10,11] The competing style is marked by high assertiveness and low cooperativeness, where individuals prioritize their needs over others. This strategy is most effective in situations requiring quick decision-making, enforcing policies, or addressing critical issues where compromise is not an option. At the opposite end is the accommodating style, characterized by low

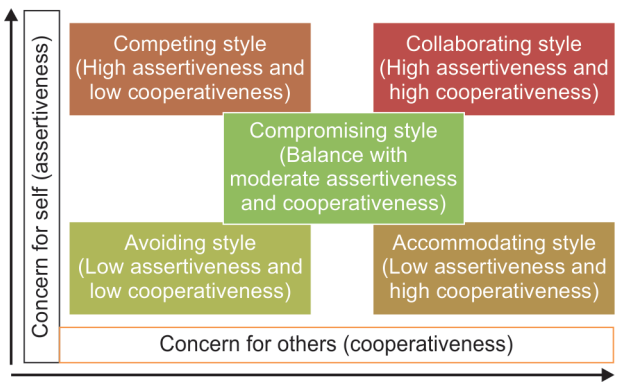

Fig. 1: Styles of conflict through Thomas–Kilmann conflict model

assertiveness and high cooperativeness. This strategy is useful in maintaining harmony, preserving long-term partnerships, or when the issue is of greater importance to the other party. The avoiding style reflects low assertiveness and low cooperativeness, where individuals sidestep or withdraw from conflict. This approach may be beneficial when the issue is trivial or when emotions are too intense for productive dialog, but prolonged avoidance can leave conflicts unresolved. The compromising style strikes a balance with moderate assertiveness and cooperativeness. It seeks a middle ground where all parties make concessions, often used when time constraints demand a quick resolution. Finally, the collaborating style involves high assertiveness and high cooperativeness, focusing on meeting the needs of all parties. This approach aims for win-win outcomes through open communication and shared problem-solving. While it requires time and effort, collaboration fosters trust and long-term solutions. Various conflict management strategies, which are listed below, can be direct, preventative, and third-party (Fig. 2).

Case Scenario

The following hypothetical case scenario describes conflict management in a healthcare setting through doctor–nurse conflicts in their workplace, which led to a high-pressure situation in the ICU. The case delves into the various stages of conflict while addressing the challenges posed by different types of conflict in critical care. Guided by Dr Patel's expertise, the case illustrates practical strategies for conflict resolution, emphasizing the importance of effective communication, mutual respect, and collaboration. Grounded in a structured framework, this scenario underscores the role of conflict management in fostering a harmonious work environment and improving patient care.

Stage 1: Latent Conflict (Unspoken Tensions)

The intense, high-pressure environment of the hospital, which worsened after the onset of coronavirus disease 2019 (COVID-19), began to create tension between the medical and nursing teams. Ms Aarti, the chief nursing officer, recently faced the loss of her father to COVID-19. In addition to her professional responsibilities, she had significant obligations at home, including caring for her siblings and her ailing in-laws. For the past 2 months, she had also been deeply involved in looking after her father, affecting her focus and work performance.

Dr Chandan, a senior doctor posted in the ICU, often felt frustrated while managing his patients. One morning, unable to contain his annoyance, he vented to a junior doctor: "I do not understand why the nurses cannot keep up with the time. Ms Aarti is always late, even though she was given notice for not reaching on time in the past. This is unacceptable."

This pattern of coming late, observed by Dr Chandan, continued for several days, prompting him to worsen the issue. He formally complained to Dr Patel, the hospital administrator, about Ms Aarti's late arrival at the outpatient department (OPD). Unaware of the formal complaint, Ms Aarti arrived that day and got information from a junior nurse about Dr Chandan's remarks. Overwhelmed by her growing responsibilities and the constant pressure, she confided her frustrations to another nurse: "Dr Chandan has complained about me, but does he even realize the battles we are fighting every day? Why can't he understand that, as teammates, we all are working toward the same goal? However, it feels like we are on opposite sides of a wall right now, and no one is ready to climb over it."

The situation highlights the conflict developing between Dr Chandan and Ms Aarti. Their responsibilities weigh down both, yet neither has taken the initiative to resolve the underlying issues through open dialog. Instead, they have chosen to blame each other, emphasizing their differing priorities and communication styles. This unaddressed tension has not been openly confronted, allowing grievances to grow. As the pressures of their roles increase, the likelihood of conflict escalates.

Several solutions can be implemented to address the conflict between Dr Chandan and Ms Aarti. First, Dr Chandan should have found the root cause of the problem before reprimanding Ms Aarti. Second, seniors should arrange and mediate a facilitated communication session to provide a safe space for open dialog. Additionally, both individuals should be allowed to share their personal and professional struggles, fostering mutual understanding and reducing judgment. Conflict management workshops can be routinely organized to strengthen teamwork. Furthermore, role reassessment and support for Ms Aarti can help alleviate her workload by assigning temporary assistance, thereby reducing the stress that affects her punctuality and focus. Finally,

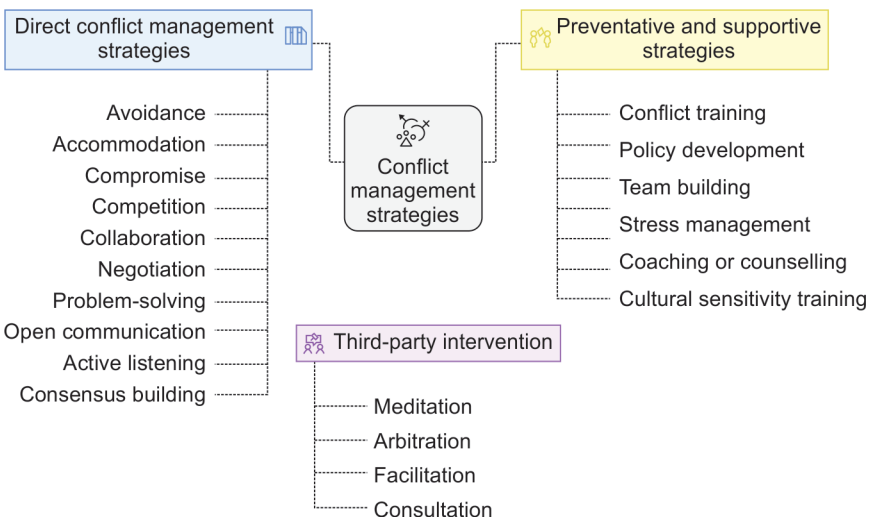

Fig. 2: Conflict management strategies

empathetic behavior and not bringing a "past in present" approach will be helpful.

Stage 2: Perceived Conflict (Realization of Disagreement)

The notice about the complaint against Ms Aarti deeply disappointed her. Already burdened with workplace pressures, she was also dealing with personal challenges. Her in-laws were in poor health, and she cared for them at home. This dual burden often caused delays in her morning arrival at work. At the hospital, the workload added to her stress, leaving her overwhelmed.

During a particularly hectic morning, Dr Chandan addressed her sharply during the handover meeting: "Have you entered all patient records into the EHR? I think you know very well that this delay could jeopardize patient safety. Where are your standard operating procedures (SOPs)? Have you ever looked at them lately? I wonder how you train your junior nurses. What lessons are they learning from you when you can't manage these basic tasks?"

Already strained by her responsibilities and the understaffing during the night shift, Ms Aarti responded with visible frustration: "We had a critical patient whose vitals were crashing. With only two nurses available, updating the EHR and cross-checking SOPs was not feasible. Besides, many female nurses are reluctant to work night shifts, which leaves us short-staffed during those hours."

Dr Chandan retorted, "That is no excuse. Protocols exist for a reason, and skipping steps compromises patient safety. This is unacceptable."

This part of the scenario highlights the perceived phase of the conflict. Dr Chandan and Ms Aarti recognized the disagreement but focused more on their frustrations than addressing the systemic issues underlying the situation. Their apparent disagreement over priorities—protocol adherence vs practical constraints—illustrates the perceived phase, where differing views are acknowledged, but the root causes of the conflict remain unaddressed.

To address this, a structured conflict resolution meeting should be arranged. Additionally, clear role expectations and training should be established to ensure that tasks and adherence to protocols are manageable, even during emergencies. Refresher training can also be provided to enhance task prioritization under pressure.

To address the root cause of understaffing, the hospital should consider hiring additional nurses or implementing flexible schedules to ensure adequate coverage during night shifts and peak hours. Informal feedback surveys with staff should be conducted regularly to identify stressors early, provide support, and prevent similar conflicts from escalating.

Stage 3: Felt Conflict (Emotions Intensify)

The tensions from the handover meeting carried over to personal conversations. Aarti expressed her frustration to a fellow nurse: "Dr Chandan does not understand how much we are juggling. Instead of working with us, he criticizes. It is demoralizing. With such a low salary and a staff shortage, we are so burdened with the work, but he never praises and supports us. It is like we are always to blame."

Speaking with a colleague, Dr Chandan voiced his dissatisfaction: "The nurses aren't following basic protocols. It is unacceptable and affects the entire team's performance."

This situation highlights the intrapersonal conflict experienced by Dr Chandan and Ms Aarti and the felt phase. Emotional stress and frustration boiled within both individuals, further intensifying the interpersonal conflict. In the felt phase, emotions ran high. Ms Aarti felt unappreciated and overburdened, while Dr Chandan grew increasingly frustrated with unmet expectations. This internalized resentment escalated, setting the stage for open disagreements.

Several measures can be implemented to address the intrapersonal and interpersonal aspects of this conflict and mitigate the emotions associated with the felt phase. First, an HR representative or an external counselor should facilitate one-on-one counseling sessions. These sessions would provide a safe space for them to process their emotions, reduce stress, and identify effective coping strategies.

Additionally, fostering a culture of appreciation is crucial; a system to recognize and celebrate individual and team contributions regularly can help create a more supportive and positive work environment. Furthermore, training workshops on stress management and emotional resilience can equip all staff with the tools to handle workplace pressures better, reducing the personal toll of high-stress environments. Lastly, team cohesion activities, such as team-building exercises, should be initiated to strengthen interpersonal relationships and foster trust.

Stage 4: Manifest Conflict (Visible Disagreement)

The hospital was as busy as ever, with Dr Chandan and Ms Aarti handling their duties. A critical surgery was running 20 minutes late, adding to the stress. In the operating room, Dr Chandan asked impatiently, "Why aren't the surgical instruments ready? This delay is unacceptable."

Already overwhelmed, Ms Aarti replied, "I am doing everything short-staffed—managing nurses, updating records, and assisting with surgeries. Do you think I can work miracles?"

The argument grew heated, with both blaming each other, leaving the staff uncomfortable. While the surgery was successful, the tension lingered. When Mr Patel, the hospital administrator, heard about the fight, he called them to his office.

Dr Chandan complained, "She does not follow instructions, which affects patient care."

Ms Aarti responded, "We are short-staffed, and I am doing my best, but I only get blamed."

Seeing their frustration, Mr Patel stopped the argument and decided to talk to each of them separately to understand the problem and fix the team's issues.

The situation highlights two primary types of conflict: interpersonal conflict and task conflict. Interpersonal conflict emerged as Dr Chandan and Ms Aarti engaged in visible disagreements fueled by unmet expectations, workload frustrations, and communication gaps. Task conflict arose from the delay in preparing surgical instruments, which led to professional frustrations and conflicting approaches to ensuring patient care.

Several strategies can be employed to manage such conflicts. First, avoiding blame-shifting is crucial, as finger-pointing only exacerbates tensions. Instead, a collaborative approach to identifying and addressing root causes can foster teamwork.

Effective communication is another critical strategy; open discussions about workload and expectations help reduce misunderstandings and align priorities. The intervention of a neutral third party, as demonstrated by Mr Patel, is also effective. His decision to pause the discussion, allow individual reflection, and plan a follow-up meeting helped de-escalate the situation.

Additionally, empathy and understanding are vital, especially in high-pressure environments. Recognizing the challenges faced by team members can prevent frustration from boiling over. Finally, a problem-solving approach that addresses systemic issues, such as short staffing or process delays, can ensure smoother operations

and minimize future conflicts. When implemented effectively, these strategies can transform workplace challenges into opportunities for growth and collaboration.

Stage 5: Conflict Aftermath

The next morning, Mr Patel was optimistic that his discussion with Dr Chandan and Ms Aarti would lead to constructive teamwork. However, during his rounds, he found Dr Chandan upset over a misdelivery of drugs by a support nurse, which had endangered patient safety and annoyed the patient's family. Dr Chandan was scolding the nurse, while Ms Aarti stepped in to defend her, explaining that the nurse was overtired and had forgotten to label the drugs.

The argument escalated when Ms Aarti said, "We are overwhelmed and cannot meet every demand without more support. We are exhausted."

Sensing the tension, Mr Patel intervened and said, "I see this is a systemic issue. Let us work on solutions together." He encouraged both parties to share their concerns. Dr Chandan expressed frustration over protocol adherence, while Ms Aarti highlighted the staff shortage and workload pressures.

After some discussion, both parties agreed on a way forward. Dr Chandan committed to adjusting his expectations, while Ms Aarti promised to cooperate and strategize better management of staff limitations. She suggested proposing new staff positions and motivating the existing team. Finally, they both agreed to jointly design a task allocation system to streamline daily work.

Mr Patel assured them of his continued support, implemented conflict resolution strategies, organized monthly mediation sessions, and committed to regularly gathering feedback to ensure a smoother and more collaborative working environment.

The situation highlights systemic and interpersonal conflicts within the workplace. The systemic conflict stems from staff shortages, heavy workloads, and inadequate task management, which caused errors like drug misdelivery. Interpersonal conflict arose from the blame-shifting and emotional responses among Dr Chandan, Ms Aarti, the senior staff, and the support nurse.

A combination of strategies was employed to manage such conflicts. Open communication was key, as both parties were encouraged to share their concerns and perspectives. Mr Patel's third-party intervention helped de-escalate the situation and shift the focus from individual blame to systemic problem-solving. Collaborative problem-solving was emphasized, with both Dr Chandan and Ms Aarti agreeing to adjust expectations, cooperate, and work together on practical solutions.

Strategies included developing a new task allocation system, addressing staff shortages by proposing new positions, and creating plans to motivate the existing workforce. By implementing conflict resolution strategies like regular feedback and fostering mutual accountability, the team aimed to enhance collaboration and prevent similar issues in the future.

A comprehensive approach is essential to address this scenario's systemic and interpersonal conflicts. Open communication should be prioritized. Mr Patel's neutral intervention effectively de-escalated the immediate tension, highlighting the importance of redirecting focus from individual blame to collaborative problem-solving.

To resolve systemic issues, the hospital should prioritize addressing staff shortages by proposing new hiring plans and providing incentives to retain and motivate the existing workforce. Conflict resolution and effective communication training workshops can also equip staff with skills to manage disagreements constructively and reduce emotional escalations.

Regular feedback mechanisms should also be implemented to proactively identify stressors, assess the effectiveness of implemented strategies, and make necessary adjustments. By combining systemic improvements with efforts to strengthen interpersonal harmony, the hospital can foster a cohesive, efficient, and supportive working environment that minimizes future conflicts.

Conclusion

Conflict is inevitable in dynamic environments like healthcare, where diverse perspectives, high stakes, and intense workloads often intersect. The stages of conflict, beginning with underlying tensions and progressing to overt disagreements, demonstrate how unresolved issues can gradually escalate, impacting teamwork, morale, and productivity. Addressing conflict early, as illustrated in the case scenario, is crucial to mitigating its adverse effects and maintaining harmony in professional relationships.

Effectively managing conflict requires understanding various strategies and their application based on the context. Collaboration, compromise, or accommodating allow individuals and teams to navigate disputes constructively, balancing personal and organizational goals. Employing the appropriate conflict management styles not only resolves the immediate issue but also strengthens relationships, enhances team cohesion, and fosters a work environment conducive to excellence in patient care.

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