Conflict is a common problem in almost the entire working environment. Conflict commonly occurs because of different responsibilities, needs, ideas, perceptions and goals. Conflict has become an important factor in job dissatisfaction (Clark, 2008). The definition of conflict says that it is a situation in which two or more parties come to know that the fact that each of them wants is incompatible with the wishes of the other. Now this has become a normal phenomenon in the field of nursing. Conflict happens in a complex environment where have diverse in workforce and high risk situations. Particularly vulnerable are nursing and other health care sectors (Marshall, 2010). This essay is going to explain the causes, types and management of conflict.

Conflict has broadly classified into three. They are interpersonal, intrapersonal and organizational conflict. The interpersonal conflict arises between two individuals or groups working in a similar environment. This may happen when a disagreement occurs in procedures, policies, philosophies and values. This may be a personality conflict and is not unusual in work situation. When there is a transfer of individual occurs from one unit to the other, the conflict occurs based of several processes and procedures. Little regard between the transferred person and the members of the new area can result in the conflict between them (Kelly, 2011). The intrapersonal conflict occurs as a result when a nurse is supposed to comfort a clients grieving spouse at the same time when another patient is in an arrest situation and needs immediate attention. The organizational conflict is also referred as intergroup conflict. This a type of conflict that occurs between different groups those who works in the same organizational set up. This results because of the competition to achieve resources and the cultural differences. This conflict helps the organization to find out the areas that possess improvement. The cooperation need and responsibility between each group in the base of resources between two groups can be revealed at this time. In the recent occasions, the organizational conflict often results between the names of quality in patient care and the financial set up (Kelly, 2011).

There are number of factors that can .lead to conflict in the entire working environment. They are: Specialization – the group that suppose responsibility for a particular number of works or an area of service sets themselves apart from other group. These result in the formation of intergroup conflicts. Multitask Roles – the nursing field requires a manager, a skilled care giver, a human relations expert, an advocate and a negotiator and so. Each position with its difference in their orientation can create conflict. Role interdependence – the role of a nurse who work in private sector would not be that much complicate when compare to the one who work in multi disciplinary health service sector. Task Blurring - Afterwards the individual practice and their sphere of influence have to be discussed with others that who may fight for certain areas. This may result when there is a role failure and uncertainty occurs to authorize the role of a particular individual or group (Monica Rigolosi, 2005). Differentiation – In the field of nursing, a group of people may assign same goal but the cognitive behaviour, emotional set up and the attitudes of these group may differ. This can lead to conflict when there is a stage of problem solving and decision making activities occur. Scarcity of resources – In nursing the main reason for interpersonal and intergroup conflict is nothing but the contest for patients, positions and money. Change – Change occurrence is one of the major sources to the origin of conflict. The conflict is proportional to change when it become apparent and threatening. Unequal Rewards – When there are differentiations in the reward for work occurs, conflict can arise. Communication Problem – Poor communication, lack of understanding and language skills, inappropriate perception often results in the conflict between individuals and groups (Monica Rigolosi, 2005).

In 1975, Filley suggested a process of conflict and that is widely accepted. According to this there are several stages in the process of conflict. They are antecedent conditions, perceived and or felt conflict, manifest behaviour, conflict resolution and resolution aftermath. This explains that the process of conflict begins from the pre-existing conditions called as antecedent conditions. When this situational condition formation occurs the involved parties can feel or perceive the conflict. This process can trigger in to the next step of the formation of a manifest behaviour. The conflict is either suppressed or determined, leading to the development of new attitudes and belief, and may generate new conflict. Conflict resolution is vital in change. The sources of the disagreement situation to form antecedent conditions vary. This includes the disagreement in resource utilization, goals and values (Kelly, 2009).

Conflict management is a widespread term indicating the range of behaviours and attitudes that the individuals, group and organizations manifest in order to deal the conflict. Conflict management also present always like conflict and can range from suppression, contradiction and retribution to creative practical programs. The focus is to have a constructive approach towards the conflict management. The health practitioners revealed the significance of the constructive approach towards conflict management for the patient care safety and quality. The reinforcement through the introduction of several standards and significant events alert the focus on conflict management. The desire to address and the easy fix of the conflicts can sound the success of the health care team in the field of health development and its maintenance (Feldman, 2011). Conflict management is a highly individual activity with different approaches for resolution. If a health care team is ready to move positively in an innovative direction, the conflict must be resolved with result in the promotion of cost effective and high quality patient care. In order to improve as a team to achieve these things, the conflict resolution skills are necessary to direct. Nurses are the masters of negotiation which can probably create accuracy in the management of conflict. The ability for the conflict resolution and the capacity to

manage conflict can arise from an interpretation and attitude of ‘us centred’. A concern about the beliefs and feelings of the whole group is core attitude that plays its vital role in the management of conflicts (Moss, 2004).

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There are a number of strategies in the management of conflict. Basically there are five strategies for conflict resolution. Each strategy has its own strength, uses and limitations. The choice of these strategies has to be selected and applied consciously. Problem solving – The problem solving is also referred as confronting. Conflict is becoming continuous. So in the method of problem solving, the conflict is facing directly and working through until reach at a mutual satisfaction solution. This method has to be well observed. So that the confronting process may take long time as because it is mandatory to ensure the feeling of win from both the parties (Bercovitch & Jackson, 2009). Compromising – the compromising is a common method in all types of conflicts. This is a strategy which means and applicable by standing at the middle of the road. This method is applying between or along with the parties involved in conflict. The compromising reflects the concern for everyone, but both of the parties has to give up something in order to find out the solution and to attain mutual satisfaction. The management of conflict through this has to be in an appropriate and safe manner. Smoothing – smoothing is a simple term which defines the term accommodating. This has a high dependence on the behaviour and attitude of one of the parties who were held conflict. In this strategy one parties needs and interest is getting priority than ones oneself. He is emphasized in order to find out a solution to solve the conflict. In the method of accommodating one person or group is allowing the other person or group to win. One of the parties who participated in conflict becomes ready to accept the needs, wants and desires of the other one (Monica Rigolosi, 2005). Forcing – The forcing is also called as the process of dominating. This is an aggressive approach in order to manage the conflict. This is a process that involves use of power plans in order to achieve personal goals. The aggressive behavioural approach is a technique to win on another person’s expense. Avoiding – Avoiding is an easiest and common solution to prevent and manage conflict. This depends upon the behavioural pattern and situation. When a person is using this type of approach in conflict, it means nothing but the withdrawal of that person from the problem. This approach has to be viewed in either aspect of solution. This may be passively ignoring the issue. The other one is being sure that the issue is suppressed, which is active. It is to be conscious and specific that each of these strategies are having a place in resolving an issue or the avoidance of the more violation (Monica Rigolosi, 2005).

The nursing profession is the base in health care which has to create a collaborative relation between colleagues and patients. The nurses have to work with others from different background and cultures. The foundation of nursing in providing care to the patient is the maintenance of a therapeutic nurse–patient relationship. The nurse has to give full support to the patient in achieving his or her goals. It requires working closely with others from different background as well as cultures. Good communication is the most significant factor in this (RN Journal, Conflict Resolution-Tools for Nursing). Health care organizations are now altering the way they approach and operate to initialize the increased productivity and quality of services provided. The breakdown of traditional hierarchical structures in health care organizations has started to initiate a team managed environment. The nurses those who worked under a typical subordinate role gets altered to their new roles. The formation and the participation of nursing in a multidisciplinary team approach the proper delivery of care. Nurses need to achieve effective team building skills within their group with the aim of delivering quality and productivity according to the organizational structures where they work (RN Journal, Conflict Resolution-Tools for Nursing).

The process of conflict resolution or management is an opportunity to achieve growth and change in a working environment with the potential for a positive outcome. In the field of nursing, the nurses has to be encouraged to continue with compassionate care and presence even if they struggle with patients, relatives and colleagues, by the avoidance and management of conflicts. Nurses have to seek continuously to improve their ethical knowledge base through several learning opportunities and resources to make ethical decisions (Matzo & Sherman, 2010). The conflict management is beneficial both personally and professionally. Conflict self awareness is an effective method to maintain personal as well as professional relationships. The practice of conflict management skills can lead to a positive outcome of relief, understanding, good communication and productivity in the team. The management skills of conflict can result in the less negative impact on a team. A conscious effort is mandatory to achieve the conflict management skills. Thus the conflict management can be acquired in the professional environment through skills related through conflict resolution, good and effective communication, self awareness about the modes of conflict (Understanding conflict and conflict management).

REFERENCES

Bercovitch, J & Jackson, R (2009) Conflict resolution in the twenty-first century,

*Principles, Methods and Approaches*, United States of America: University of Michigam, pp 185.

Clark, C (2008) Creative nursing leadership and management, *Journal of Advanced*

*Nursing* 53(4) London: Jones and Barlett, pp 158-160.

Feldman, H (2011) Nursing leadership (2nd ed) *Journal of Nursing Scholarship* 30(2)

Newyork: Springer, pp 92-95.

Kelly, P (2009) Essentials of nursing leadership and management (2nd ed) Newyork:

Lippincott, pp 159-161.

Kelly, P (2011) Nursing leadership and management (3rd ed) Newyork: Delmar, pp

*310-311.*

Marshall, E. S(2010)Transformational leadership in nursing, Newyork: Springer, pp

110.

Matzo, M & Sherman, D (2010) Palliative care nursing (3rd ed). Newyork: Springer,

pp 137.

Monica Rigolosi, E. L (2005) Management and leadership in nursing and health care,

*An experimental approach*, *Journal of nursing administration* 8(1).Newyork: Springer.

Moss, T. M (2004) The emotionally intelligent nurse leader. San Francisco: Jossey

Bass, pp 184-185.

RN Journal, *Conflict Resolution-Tools for Nursing*. Retrieved on 15/4/2012 from

<http://www.rnjournal.com/journal_of_nursing/conflict-resolution-tools-for-nursing.htm>

Understanding conflict and conflict management, Retrieved on 15/4/2012 from

<http://foundationcoalition.org/publications/brochures/conflict.pdf>

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