

Improving Teamwork

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Introduction

Care delivery is an essential part of the healthcare system. It aims at providing the most favorable health outcomes by ensuring quality, pocket friendly, patient-centered care with an emphasis on service delivery. Health caregivers should put in place systems tailored to motivate both patients and healthcare personnel with this goal in mind. Nurses play various roles in the plight to realize effective healthcare delivery, ranging from caring for patients, providing health education, and managing the nitty-gritty of the hospital environment. Carrying out these diverse roles inevitably leads to interactions in the workplace, not only between nurses but also among other medical staff. Naturally, where people interact in a shared space, disagreements of different magnitudes are set to arise. These workplace conflicts can either be healthy or dysfunctional, depending on their nature. Conflict in workspaces is caused by poor organization, unclear job roles, poor work environments, harassment, bias treatment, competition among professionals, and the inability to work as a team. This document addresses conflict resolution and negotiation in the healthcare sector improving team work.

The scarcity of resources is another factor that fuels conflict in healthcare organizations. Nurses may experience various types of conflict in the hospital environment. Intrapersonal disputes which occur within an individual, interpersonal conflicts which arise between two or more people, intragroup differences which occur within a group of individuals, intergroup conflicts which occur between two or more groups, competitive conflicts which occur when two or more groups attempt to achieve a common goal and disruptive conflicts which are a result of trying to diminish an opponent. Of all these conflicts, competitive battles can be viewed as the only healthy one since the two entities

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tend to compete over beneficial ideas. Consequently, the group with the most helpful idea prevails, which is useful in improving the services provided.

Misunderstood and conflicting roles in hospitals are a significant cause of conflict in the medical arena. In some cases, doctors and nurses who are supposed to work together to ensure efficient healthcare delivery ends up competing, which is attributable to weak education systems that fail to cultivate the concept of healthcare among their graduates. In most instances, doctors are considered the dominant profession in hospital settings. Physicians are trained to be responsible for their patients by handling all situations pertaining to them. Such an instance defeats the need of nurses, thus causing a conflict between the physicians and nurses. While doctors strive to assert their dominance, nurses try to prove their relevance and medical prowess.

Moreover, the perception of doctors being on higher ground than nurse practitioners creates some inferiority complex among the nurses. In essence, nurse practitioners are usually involved in complex clinical roles such as evaluating and diagnosing patients' health conditions, treating the said conditions, and even prescribing drug prescriptions (Folse, 2019). The practitioners are also entrusted with ordering diagnostic tests and guiding patients in managing a number of health conditions. However, these roles ought to be carried out in the supervision of qualified doctors, depending on the nurse practitioners. In some instances, the nurse practitioner may be asked to carry out these tasks independently. However, in some cases, the practitioners are often hesitant to perform these responsibilities when requested to by doctors because they are not 'experienced enough' even though they are allowed to undertake these advanced roles. Such an instance may cause an interpersonal conflict between the two professionals, i.e., the doctor and the nurse practitioner.

To cater to such scenarios, definite roles should be assigned to various professionals in the healthcare system. The functions created should be not only definite but also

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substantial and codependent. Codependence of the functions ensures that both physicians and nurse practitioners have a sense of importance, thus mitigating the view that doctors are on a much higher pedestal than their counterparts. Moreover, effective communication between the various healthcare team members can be a constructive method of curing interpersonal conflicts between the professionals in the care delivery system. The diverse members of the healthcare team ought to take an active role to ensure patients' needs are made in their best interest.

A study conducted by scholars concluded that conflicts among co-workers tremendously escalate where the involved colleagues are confined in situations that are above their knowledge and prowess (Taylor, 2020). Neglect of newly recruited graduates and workers by senior nurse practitioners and other substantially experienced staff has proved to increase intergroup and interpersonal conflict in healthcare facilities. The neglected new team tends to bond together against their seniors. Nursing is primarily a collaborative profession where the personnel is supposed to work together in the service of their patients. However, conflicts may arise where there is poor teamwork. In such cases, the members of the team are reluctant to aid each other in reaching the goals set by the department. In some instances, doctors and senior practitioners put immense pressure on their juniors, alleging that they take too much time to learn simple procedures. There are also cases where senior health practitioners tend to overwork their juniors by assigning them inhumane working hours, keeping them for unnecessarily long tiring night and day shifts. Although these disagreements are usually evident to fellow nurse practitioners and doctors, conflict resolution measures are rarely taken.

Even though a majority of conflicts experienced stem from the clash between the two dominant professions in the medical field, intergroup conflicts can arise from nurses. These conflicts arise from the competition among nurses to grow in their area, which is frequently

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met by the nurse managers' bias in their treatment. These people in apparent higher positions tend to favor a particular group of nurses while belittling the others in areas such as assigning duty. The adverse effect of this preferential treatment, inevitably leading to conflict, can be seen not only in the dissatisfaction of the working nurses but also on the patients' poor satisfaction.

Finkelman set out four steps of conflict which are; latent, perceived, felt, and ultimately manifest (Finkelman, 2016). The anticipation or dormant stage of conflict is typical of restlessness and noticeable tension between the parties in disagreement. The antagonists are usually both aware of the situation, putting them in an uneasy state though things are not typically sufficient to tick an argument. The perceived phase of conflict comes after the latent stage, one of the parties; usually, the one with the higher power, to the battle, starts to feel undermined and frustrated by the other party. In the medical setting, it is at this stage where the doctors try to begin to assert their dominance by discouraging the nurse practitioners. An example is instances where doctors put the practitioners in situations above their knowledge and prowess. Of course, the nurse practitioner, in this instance, would be at risk of facing malpractice charges, which would be detrimental to their career. The third stage, the felt stage, is marked by an awareness of conflict by the parties involved. The parties now become concerned about the disagreement, thus ushering the final step. The manifest stage is usually marked with aggression between the parties involved where they lash at each other, sometimes violently. However, this stage could also be demonstrated by unusual compliance to the set rules in a particular organization. (Finkelman, 2016).

Resolution of conflicts in workspaces, including healthcare spaces, should not be a burden of third parties delegated to resolve them. The affected nurses and doctors ought to reflect on their behaviors on a personal level. However, approaches such as encouraging a respectful working environment should be put in place through a show of professionalism.

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Similarly, more experienced members of the hospital faculty and fraternity need to be actively involved in not only mentoring but also integrating and supporting graduates inducted into the system and new nurse practitioners. The active involvement of the senior faculty could ensure good relations in the work environment. Once good relations are fostered, the possibility of conflicts arising is substantially reduced.

Conflicts arising between doctors and nurses and amongst nurses themselves point up to the necessity of setting up structures for dispute resolution systems in health facilities. Moreover, relationship-based care systems ought to be set up to foster the relationships between colleagues. The caregivers should ensure commitment to a singular purpose of contributing positively towards the attainments of better healthcare while maintaining respect for each other.

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