



CARDIFF UNIVERSITY

School of Healthcare Sciences

**The Application of Organisational Conflict
Management: A mixed method exploration of conflict
training and perceptions of NHS managers.**

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Abstract

This thesis took a multilevel approach in investigating the subject of workplace conflict within an NHS organisation. The various levels investigated within the hierarchy were nursing ward managers, senior nurses and the executives. Overlaid on the conceptual multilevel model devised initially by De Dreu and Gelfand (2007) were placed the sources and consequences of conflict which were identified within this study. A mixed method explorative design was taken to frame the evaluation, which utilised two methods; a survey of thirty-six ward managers who participated in a single training day on conflict management and eight semi-structured interviews. The training was designed and delivered in-house within a large NHS organisation in Wales. The staff population of this NHS organisation is around 14,500 and a sample of thirty-six ward managers participated in the single training day and received a pre-questionnaire on the day. They also completed a Thomas and Kilmann (1974) conflict management style questionnaire. Four weeks after the training day, the same group were asked to complete a post-questionnaire, which was returned by thirty of the participants. Pre and post analyses were undertaken of the likert scale indicators reporting participant confidence in managing conflict. The Wilcoxon signed rank test revealed some significant differences in confidence levels within the group. Four members of the group were then interviewed using a semi-structured approach; subsequently, two senior nurses who line-manage the ward managers within this organisation and two executives were also interviewed. Results were themed and comparisons were drawn out and theorised. This study adds to the existing literature as it identifies that ward managers need to have support in the workplace and 'sign-posting' to resources that can help them manage workplace conflict. 'Time' was also a consideration noted within this study as managers talked about the need to identify a 'good time' to have potential conflict and not being rushed in having to resolve it. The outcome of the research generated a systematic approach to understanding workplace conflict: this was called the Conflict Application Tool (CAT) and has been implemented in the organisation where the research took place



Signed ...

..... (candidate) Date...March 22nd 2016

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Ward Manager Frankie: workplace conflict affects everything - it affects our patient care if we are in conflict because we have to work together, we have to be all on the same side and doing the same thing.. 'cos if everybody is doing different then you get conflict with the patients as well, and that causes massive problems in the team.

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Preface

My journey towards a Professional Doctorate has led to not only my career development and a developed understanding of a professional issue but also a deeper understanding of my motivations and myself. My professional and emotional relationship with conflict over the years has been a driver to understand and some desire to control it. Offering a self-reference alongside the study should allow the reader to contextualise my findings (Popper 2002) and facilitate a critical appraisal of them. This reflective approach provides a window to my biases and decision-making process (Lynch 2000). Reflexive writing has improved the development of my understanding and placed me in the heart of the research. This preface and the prologue to my thesis address the need for transparency to enhance credibility (Lynch 2000).

I had always felt that I did not manage conflict well. My memory of my childhood is that it was calm, there was no 'storm and strife' I didn't experience much conflict and therefore when conflict entered my life I felt largely unprepared. My parents have always appeared happy, I have one brother and I felt my wider family were neither close nor distant just average. This is not to say there were no disagreements in my small family. What I saw happen a lot was that when people disagreed after some discussion and the occasional raised voice generally people just stopped speaking. This I could only describe as 'sulking' or in Welsh, my first language, this is known as 'pwdi'.

This is particularly relevant as organisational science, which is the foundational theory for this thesis, is grounded in our first experiences of being part of an organisation, which is being part of a family (Rollinson 2005).

This would suggest that if peoples' experience of verbal conflict was that it ended in no contact or not speaking it might lead to some reluctance in them

to address the conflict they may see happening at later life in work. Organisational science identifies that we take these early life experiences into future organisations we belong to such as school, university and obviously the workplace (Rollinson 2005). In my early school years I was always interested in conflict especially in my engagement with sports. I was emotionally aroused by the concepts of winning and losing in competitions and amazed at the price people were prepared to pay to win.

My Father played Rugby for Wales, this was and remains an amazing family story of which we are all immensely proud. He has always been by nature, I believe, a competitive and athletic man; he wanted me to be competitive too. As far as I was concerned this was clearly not in my make-up to the same degree, whilst I was athletic and loved sports I rarely saw the need to win. I often saw all of the participants on the start line and had already worked out who I wanted to win based on how important it was for them.

I cannot tell you how frustrated my Father would become as I would run slower than my best, or say to him "Dad it meant more to her than me." Whilst I was involved in individual sporting competition I was also involved in team sport, like my father. I recognised the value of working in teams and I captained the netball team for my comprehensive school years. I think I enjoyed team sports more than individual competition. I was concerned for the feelings of others and interested in how people can be so united on a netball pitch but otherwise would not show any interest in each other.

The emotional discomfort and my perceived lack of conflict resolution skills followed into healthcare. In the healthcare setting teams were all around me and I began to feel I understood them and the dynamics that could bond them. I also recognised how people winning or losing in conflict situations would be of high emotional risk. The stakes were also higher in healthcare than in sporting situations, although some rugby fans might disagree with me. There were risks to patient care, staff moral and the organisational reputation of unresolved conflict or conflict that lead to losers (Berne 1992).

In my early years of being a qualified nurse I had felt ill-prepared to manage conflict but based on my early conditioning through family conflict resolution,

which I felt were unhelpful, my father and sports I always opted for honest up front conversations. However these were not always taken well by the recipients and even at this stage I realised they might have preferred avoidance approach exhibited by my family. I recognised how this prolonged discomfort and I thought getting the conflict out in the open was always the best way; possibly, in hindsight, moving too far in the opposite direction. My behaviour may even have been perceived as blunt and forthright or even confrontational. I was once described as “too honest” which struck me at the time as impossible either I was honest or I was not. This, though, started my questioning whether there were different styles to communicating good and bad news that did not lead to my being untruthful to people and maybe I needed to learn a different approach. I needed greater flexibility in how I spoke to people. I undertook many communication skills based training and education activities and began to see that different ways of being yielded very different responses. Whilst honesty is a credit unfettered it can also be cruelly delivered.

The organisation I work in have taken me through two organisational restructures since starting the doctorate programme which has entailed entering into interview situations where there have been winners and loser. People I have worked alongside for many years did not get jobs and were displaced. I believed this would lead to widespread conflict in the organisation. It also had a profound effect on me leading to me being in emotional conflict with the organisation and the NHS for a long time.

Many stands of thought and my life experiences helped me to maintain a continued and genuine interest in seeing how others experienced conflict. I Hoped that discovering their views would help me understand my personal experiences, skills in conflict management and help others who I have a continued concern for to combat or cope with it. Ultimately it might help me to start to help a whole organisation with through my findings.

As I have implied throughout this preface there has always been an emotional element to my undertaking this study. I probably also started this doctorate out of anger. I knew I wanted to do a doctorate that would make a difference

in the workplace but I could not decide on a subject; until I realised how angry I was at being asked to provide training repeatedly that I thought did not work. Anger can be a great motivator for many things it certainly holds a great deal of energy (Festinger 1957). I think this made the difference in the first two years for me whilst I grappled with this topic, research question, method and all the other decisions that led me to undertake academic work at this level. Alongside my early experience of my family's management of conflict, my father's desire for competition, my concern for others, the responses from my being 'too honest' and the organisational restructuring the final piece of the jigsaw of what to study was put in place. My director asked me to ensure that as an organisation we were compliant with the statutory and mandatory provision for conflict management. Despite my 'honest' sharing of my belief that we would be putting large numbers of staff through meaningless training at great expense that they might not be able to relate to in practice; I did it. I needed to explore the empirical evidence to see if training was indeed the answer.

My doctorate became my exploration of conflict at the same time as undertaking the prescribed organisational solution to it. I started out wanting to try to keep the study structured and manageable to facilitate a robust dissemination.

Throughout this preface I have specifically used the word 'conflict' to explore this phenomenon. This is partly due to its, in my opinion, being poorly defined and explored in the level of detail undertaken here but also because it does not have the negative connotations of other associated words such as bullying or harassment. The terms bullying and harassment have been explored extensively in the literature (Dellagenga (2009) Fox and Stallworth (2009) Jackson *et al* (2002) Kivimaki *et al* (2011) Martin and Martin (2010) Milam *et al* (2009) Quine (1999) leading to the development of policies within health care such as the Dignity at Work Policy (2011). I also chose not to use these terms as they were more likely to lead attendees at the training and or in interviews to focus on 'blaming' of individuals rather than a seeking of management skills. It also allows participants to consider wider issues such as restructuring, inter-professional issues, departmental issues, carers and

patients in conflict, how the process of conflict works and what the early signs might be. Conflict in the workplace was the right terminology for me it gave the participants the ability and freedom to put their own meaning to it.

Chapter One: Background and introduction to the Study

1.0 Setting the scene

This thesis explores how staff in a large acute healthcare organisation deal with workplace conflict and examines the impact of a single day's training in helping staff to manage organisational tension and dispute.

The study will utilise a mixed method approach. For the evaluation a quantitative survey method was utilised and for the exploration a thematic analysis of semi-structured interviews was used. This study asks, 'Does ' a single study on conflict management help ward managers to manage workplace conflict? 'How' conflict is managed; it seeks to reveal the context of the phenomenon of workplace conflict and it acknowledges that conflict in the workplace cannot be separated from the context within which it occurs.

1.1 The research problem

The National Health Service (NHS) is one of the largest employers in the world and the biggest in Europe, with over 1.3 million staff (NHS jobs, 2013). By its very nature, the NHS can be an emotional area in which to work and can lead to an environment where conflict occurs, often between professionals, patients and relatives. In today's complex healthcare organisations, conflicts between staff are regular occurrences. It is important to understand the nature of workplace conflict and the reasons why it occurs. The aim of this thesis is to help the organisation begin to investigate the wider culture that the conflict impacts upon and exists within. All of this exploration will hopefully aid the organisation to manage the ill effects of conflict and channel the more constructive, positive elements of conflict to enable it to develop with flexibility.

Conflict affects both staff and patients. This thesis focuses on the impact of workplace conflict on staff; however, it does touch on the impact on patients. Bowie (2010) notes that workplace bullying or group mobbing behaviours are increasing, largely attributed to the current economic climate, with decreasing job security pitting staff against their colleagues. The statistics on workplace conflict are difficult to determine, as they are often hidden within staff turnover, sickness and grievance cases, making the actual incidence of workplace conflict difficult to determine.

In organisations, interventions are often introduced when conflict has already occurred, and many organisations are not responsive enough to heed the early warning signs and prepare for conflict (Pearson *et al* 2001). There are early indicators of behaviour changes in employees that can lead and build towards conflict, and which should be a warning light when checking organisational culture. This behaviour can be classified as “incivility,” use of demeaning voice tone, implicit threats and ignoring colleagues, which are often seen as subtle indicators that something is starting to go amiss (Pearson *et al* 2001). In a study by Wegner (1996) of 644 lawyers, two-thirds of the respondents indicated that unprofessional conduct and incivility had become problems in their workplace. Understanding the structure of conflict can help people to explore varied ways of managing it.

NHS organisations have to implement their own core mandatory training and developing and delivering important and meaningful training programmes is critical to any organisation. Consequently, it is equally important to measure what impact, if any, these programmes have (Whittington and Wykes 1996). Within health care organisations across England and Wales, there is a mandatory core skills training framework that outlines what every health organisation has to provide for its staff (UK Wide Core Skills Training Framework Project; Skills for Health 2013) The subjects that are considered core are: equality; diversity and human rights; fire safety; health, safety and welfare; infection control; moving and handling; and conflict management. Rew and Ferns (2005) note that when training is mandated, it can be problematic amongst staff, as they might not approach it in a calm, open

state, ready to learn. They may be resentful and therefore less receptive to learning anything new. This thesis set out to address and evaluates what impact training on conflict management had on a group of ward managers.

1.2. The research question

The overarching research question is: Does a single study on conflict management help ward managers to manage workplace conflict?

The question that emerged whilst undertaking the study was:

How do managers at varied levels in the same organisation view experience and make meaning of conflict?

It was this second question, which led to the mixed method approach rather than a case study or phenomenological research approach. The first question that I wanted to understand was closed and lent itself to some statistical analysis. The second question by contrast was more qualitative and exploratory.

1.2.1 The research objectives

- To explore the 'real-life' context of conflict management within the organisation, considered against a multilevel conceptual model.
- To determine ward managers' rating of their abilities in managing conflict in the workplace before and after a single day's skills-based conflict management training.
- To articulate ward managers', senior nurses' and executives' experiences of conflict within an NHS organisation.
- To ascertain what improvements, if any, need to be made within the organisation to help managers manage conflict.

1.3 Nature and context of the focus of the study

The thesis originated from my observations as a nurse managing a learning and development facility in a large NHS organisation that employs 14,500 staff. I observed that study leave was dropping, budgetary cuts were implemented and staff were leaving. The organisation has a combination of community and in-patient settings, children and women's services, medicine, surgery, specialist services, clinical diagnostics and therapies, mental health

and primary care settings. Many of these clinical settings were in various stages of organisational change as a direct result of the restructures commenced by the Welsh government.

The thesis therefore needs to be considered with the specific local context at the time of the study (Fox and Stallworth 2009). The NHS in Wales commenced a re-structure in 2008, moving from twenty-two NHS organisations to eight, disbanding the internal market model and giving the money for health provision directly to the organisations that provide the care/treatment. The document outlining the changes is called 'Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales' (2010). This restructuring, plus the economic factors that are currently facing the NHS in Wales (2012 to 2015 - the duration of this study), means that organisations have had to make some difficult decisions, such as reducing staffing levels and restructuring service delivery. Restructuring of this kind can lead to feelings of job insecurity and reduced job status (Feather and Rauter 2004) and can be seen across healthcare organisations in Wales. Further pressure for organisations can be seen in the findings of the Francis report (2013), outlining poor quality of care, and the subsequent Keogh report (2013), which compounds the clinical pressure and scrutiny at a time when, politically, financial restrictions are forcing NHS managers to make these difficult decisions. Staff feel threatened and fearful, often struggling for limited resources. This situation will continue for the foreseeable future and organisations need to investigate ways to support front-line staff as they negotiate and resolve the many tensions that result from wider context pressures.

Bowie (2010) suggests that rapid and ruthless organisational change coupled with economic downturn pressure may be a key trigger for managers to translate their experience into bullying behaviour towards their subordinates. The restructure, coupled with the economic factors facing the NHS in Wales, has meant that organisations have had to make difficult decisions to lose staff and alter service delivery. Arnold *et al* (1994) note how often, in health, there is an overriding feeling of social responsibility, which can seem juxtaposed to

market forces and commodities discussions on economy. This pressure can lead managers to translate their pressure into bullying behaviour toward their subordinates, or staff can perceive it like that. Andersen (2006) discusses how workload and pace alter in a period of organisational change, which can have a negative impact on performance, health and job satisfaction and may all lead to weakened social relations in the workplace, thus increasing the occurrences of workplace conflict. When any change occurs, employees can feel uncertainty and ambivalence around their roles; also, they can be required to undertake tasks previously outside of their job description, and this can lead to conflict (Andersen 2006). The complexity of the problem is noted here as originating in Welsh government but having a direct impact on organisations and then the managers within the organisations.

This led to the need to question the model of mandating training for managers who were not always able to attend. It also led to questioning those who did attend about what impact, if any, a single day's training could have on their ability to manage workplace conflict, given its obvious multilevel context and complexity.

1.4 Summary of chapter one

At the core of many conflicts is a decision that needs to be made: this can be about resources, patient care or even a rota and shift pattern. Deciding to take a broad terminology approach to this exploratory research has been pivotal. Moving from terminology such as bullying and harassment to conflict allows the participants in this study the ability to talk broadly about any conflict from decision-making through to personal and team conflicts.

This chapter outlines the background and introduction to the study, and what was occurring nationally at the time therefore placing the study firmly within the NHS and the timeframe of 2010-2015. The following chapter outlines the conceptual and theoretical underpinning, which helped form, the origins of the study ethos.

Chapter Two: Conceptual and theoretical background to the study

2.1 Introduction

This chapter provides an analysis of the contribution of this study to the science of understanding workplace conflict. Initially the scientific foundation for analysis is explored from the perspective of the behavioural sciences, before moving to the more contemporary theories of organisational science, which is further explored through psychology and behavioural science. Then the emergence of a multilevel conceptual model (Klein and Kozlowski 2000) pertaining to conflict is introduced as the foundation for this study of workplace conflict. Finally, the chapter will introduce the need to understand the stages of conflict in order to be able to investigate it in the workplace. The process can be briefly outlined as: (i) describing early signs of conflict, (ii) conflict occurring, and (iii) post-conflict outcomes. The specific workplace described in this study is a large healthcare organisation. Therefore, the overarching quality improvement theory will also be described as it emerges as a scientific field within healthcare, introducing iterative processes to improvements and a common language for healthcare staff.

The behavioural sciences of sociology and psychology form the foundation for how we view the world and the people with whom we interact. Concentrating more on interactions between people has driven the focus of this study towards exploring the psychological impact of workplace conflict on individuals, groups and organisations. This approach, known as the multilevel research method, is often utilized in organisational science research. Organisational science originated within social science and is helping the move towards the development of an epistemology that can bridge the micro-macro gap in qualitative research. The maturation of the multilevel theoretical approach to investigation (Klein and Kozlowski 2000) is exciting and allows phenomena to be explored throughout many levels, also offering

consideration of the relationship between levels, such as between managers and their teams and between teams and their organisations. The highest level in this multilevel model denotes the relationship between organisations and the government nationally.

2.2 Organisational science

Understanding the nature of organisations is a crucial place to begin to understand organisational science. Some of the key studies in the field of organisational science were undertaken over eighty years ago. Seminal studies within organisational science include the Hawthorne experiments (1924-1932), Lewin's Field Theory (1946) and Likert's system of organisational effectiveness (1961) – see Appendix Three.

Understanding ways of viewing organisations can help researchers add context to studies that investigate managers within those organisations by exploring individual styles in dealing with conflict when it occurs and within the context in which it occurs. In this study, the tool used to determine the managers' conflict management style is the Thomas and Kilmann (1974) Inventory (TKI). This will be fully explored within the measurement section of the thesis. People respond to conflict in a certain way, not just because of their background, characteristics and personality but also due to the context and systems that are operational within the organisation and the teams within which they work. These studies have paved the way for further exploratory work on organisations, their constructs and the people who work within them.

Organisational science can be sub-divided into two constructs; design and development, and workplace conflict straddles both of these constructs. *Design* suggests altering a process or structure of an organisation, whilst *development* is concerned with getting employees ready for change. This may involve training, education or the preparation of employees to enable them to engage with change. Stanford (2005) defines an organisational design as greater than its structural diagram; however, understanding an organisational structure is a starting point. Examples of organisational structures are functional, process, matrix modular, virtual and cellular.

Organisational development started to gain momentum in the 1950s (Gallos 2006) with studies such as the T-Group, noted in Yalom and Lieberman (1971), outlining groups of employees sharing their emotional expressions with each other to improve their understanding. Some of this thinking was derived from Lewin's original research and has led the field of organisational development into the emerging research area of emotional intelligence (Goleman 1998), moving more recently into appreciative inquiry and organisational behaviour theory, as promoted by Cooperrider (1987). It is useful for clinical staff to have an appreciation of organisational thinking and awareness as they increasingly work in teams and groups to deliver a service. There is also movement towards inter-organisational teams, where the local authority, health and the voluntary sector are involved in delivering joint services. This might involve the meeting of three or four organisations.

2.3 The healthcare context

Nurses are fundamental to the health service, and when they reach management positions, understanding the impact of changes in structure on themselves and their teams can be helpful to ensure the process of change is managed from an evidence base. Ensuring that nurse managers have an awareness of organisational design and development evolution can help them to understand the complexity of healthcare today. In practice, this can be introduced to nurse managers through investigation of practical skills to manage the symptoms of organisational design. One of those symptoms that appear to be increasing through reported incidence is workplace conflict.

Nurses increasingly operate in multilevel constructs, such as collaborative teams and multi-professional groups, to achieve the best patient outcomes. Organisational science filters can aid their understanding of processes that can help them to manage change in their teams within organisational settings. Many nurse managers are ill-prepared to manage and deal with workplace conflict: indeed, much of their training will revolve around the concept of showing caring and compassionate behaviour (Askew *et al* 2008; DeMass-Martin *et al* 2007; Northam 2009a), with little preparation for conflict

management other than experiential learning through years of working with teams.

Rollinson (2005) discussed the need to understand organisations and the behaviour exhibited by the people within them as essential for two reasons. The first is their dominance in our industrial landscape: especially dominant in Wales where this study is based, are the public sector organisations. Public sector organisations are designed to provide niche services to people who either are unable to undertake them for themselves or are deemed to be better co-ordinated centrally. The second reason that organisational research is desirable is that as humans, we tend to be part of organisations. At its very basic level, this might start with our introduction into life through a family, and we might be educated, cared for or work within organisations. Organisations can be described as 'social collectives' that achieve outcomes better together (Rollinson 2005). So, an individual's early recollections of conflict management in their family or school experiences can influence their experience of conflict in working life.

Within healthcare organisations, there is an emerging rise in quality improvement methodology to make service improvements. These have predominantly focused on service improvements for patients. Conflict as a subject in the workplace has been considered more through an organisational science route, as it was thought initially to impact on staff. However, the emerging overlap appearing in the literature would suggest that staff conflict does indeed impact on patients and also staff in certain areas can come into contact with patient conflict. A specific area in healthcare where this can occur is in mental health settings (Currid 2008; Spencer and Munch 2003; Strand *et al* 2004) This study aims to build on the plethora of organisational science research by investigating the impact of staff conflict, exploring staff's lived experiences and evaluating a single day's intervention introduced by the organisation to 'solve the problem' of workplace conflict.

Within NHS organisations today, the agenda is one of service improvement. Described by Hughes (2008) as a movement, Quality Improvement emerged out of the Total Quality Management theory, which is embedded in

organisational science. The theory has a specific focus, developed through performance enhancement and latterly quality improvements (Ciampa 1992; Womack *et al* 2007). The overt outcome of this theory was to introduce a culture into organisations, which could be seen through employees speaking a common language, encouraging healthcare staff to continuously investigate ways to improve the service they provide and allowing employees to explore the iterative cycle of improvement, with patient safety as the basis for these improvements.

Similar research principles apply to both quality improvement and organisational science. Whilst this study focuses more on staff interactions, the patient impact is also evidenced.

Organisational science originates in the behavioural sciences, notably sociology and psychology, and has for many years underpinned all management studies (Brooks 2006). Organisations are normally rich, complex and vast in nature, so having a means of understanding the elements of an organisation is pivotal to organise inter-dependencies and relationships, unpicking how they interact and influence each other. The multi-level theory gives this study its conceptual framework. The ontological basis for this research originated within organisational psychology.

2.4 Multilevel theory

Multilevel theory is a relatively new means of examining phenomena within the field of organisational science research. Klein and Kozlowski (2000) define multilevel theory as making the relationships between individuals, groups and organisations overt, bridging the gap between the micro and macro elements within and around organisations.

According to Klein and Kozlowski (2000:7)

The primary goal of the multilevel perspective in organisational science is to identify principles that enable a more integrated understanding of phenomena that unfold across levels in organisations

These principles can be introduced to manage data from individuals or groups and they can help to describe the relationship between the national context and the individual. Multilevel theory encourages the data presentation to be hierarchical and/or linear where required. Examining the impact of the national context on individual-level outcomes has become an increasingly common undertaking in the social sciences (Green *et al* 2009). Ofluoglu and Somunoglu (2012) build on this notion by noting that organisations' successes can be attributed to matching national values and understandings of national cultures to organisational values.

Introducing a combined model as the basis for this thesis allowed me to explore the levels of the organisation and the phenomenon of conflict. De Dreu and Gelfand (2007) outlined conflict and utilised the multilevel conceptual model of Klein and Kozlowski (2000) as the framework for their theory. This allows for inter-relationships to be examined. It also aids the discussion of the findings. De Dreu and Gelfand (2007) have over many years built on the earlier works by Coser (1956), Jehn (1995) and Goffman (1963) when examining conflict in groups and with individuals as a pervasive and necessary multilevel phenomenon occurring within organisations. Their model enables researchers to consider the national and community context in which the organisation operates within a given time. An example of this might be NHS restructures being requested by a government, which outlines the national context. The multilevel perspective helps the researcher to explore the relationship and the impact of that governmental decision on individuals within a setting (see figure 1).

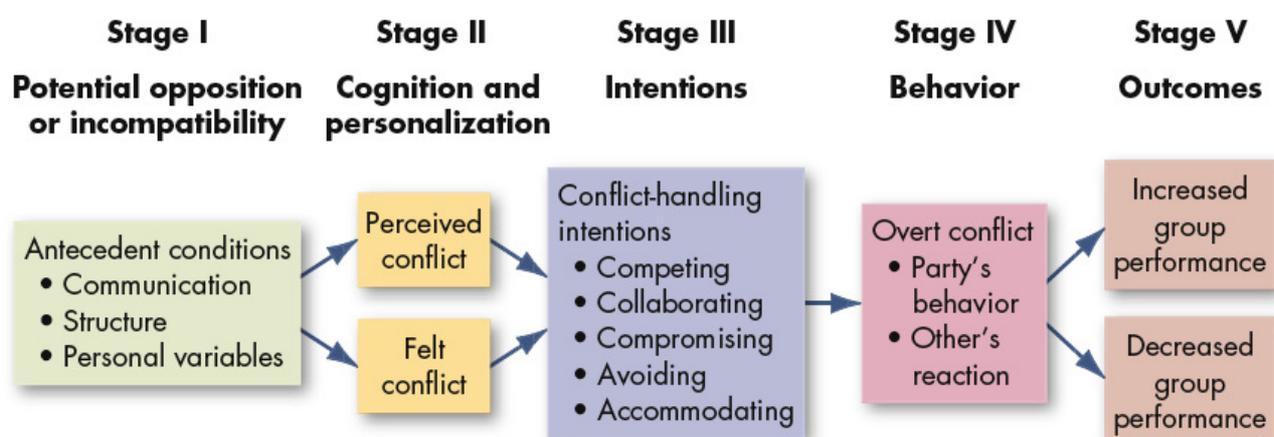
Figure 1: Level of analysis of the sources and consequences of workplace conflict (De Dreu and Gelfand 2007)

NATIONAL, CULTURAL, POLITICAL CONTEXT				
LOCAL, COMMUNITY, INSTITUTIONAL CONTEXT				
LEVEL OF ANALYSIS		CONFLICT SOURCES	CONFLICT CONSEQUENCES	
	<p>Individuals</p> <p>Nurse managers</p> 	<p>Dogmatism</p> <p>Power motivation</p> <p>Job characteristics</p> <p>Cognitive and affective state</p>	<p>Wellbeing and Health</p> <p>Stress and burnout</p> <p>Absenteeism & turnover</p> <p>Learning potential</p> <p>Creativity</p>	
	<p>Group</p> <p>Nursing teams</p> 	<p>Power differences</p> <p>Gender</p> <p>Age</p> <p>Group communication/ interactions</p> <p>Leadership style</p> <p>Group heterogeneity</p>	<p>Aggression</p> <p>Escalation</p> <p>Team motivation</p> <p>Team performance</p> <p>Team membership</p>	
	<p>NHS organisation Corporate managers</p> 	<p>Mergers and acquisition</p> <p>Systems of conflict</p> <p>Management</p>	<p>Organisational change</p> <p>Innovation</p>	

Figure 1 shows in a diagrammatic format the way in which conflict has been investigated using a multilevel approach. Using the multilevel theory, the national context, the individual, the group and the organisation will be

considered within this study. De Dreu and Gelfand (2007) overlay the multilevel model by Klein and Kozlowski (2000) with the conflict phenomena. I have added to the model using the NHS logo and nurse managers as the individuals and nursing teams as the groups. De Dreu and Gelfand (2007) focus on two elements of conflict: its sources and its consequences. This helps future researchers to focus on conflict within the context of a multilevel conceptual model, enabling the epistemology to be organised and annotated, focusing on conflict sources and consequences in each of the levels of analysis. Initially within the model, (i) the individual level, investigates sources of conflict and consequences, then (ii) group sources and consequences, and finally (iii) organisational sources and consequences. The sources and consequences of conflict originate out of the process of conflict: this is described by many authors (Rollinson 2005; Stanford 2007; Brooks 2006) and can be often seen as a linear process. Outlined below is a diagrammatic version of the process of conflict developed by Robbins (1998), which outlines sources of conflict in stage 1 and broadly defines consequences in stage 5. This model is useful, as it also introduces the roles of individuals' different styles of handling conflict, noted in stage 3. It is not a linear process in reality and individuals can stay at stage 1 and exit the model at stage 2. The model is merely a means of explaining the various elements to be considered when thinking about conflict. Almost *et al* (2010) use a similar process approach to define conflict in three stages: antecedents, core process and consequences or outcomes. Robbins' (1998) five-step model is a more detailed foundation to build upon and is outlined below in Figure 2. From these five steps, it is clear that there is broadly a pre-conflict stage that can give indications of what might be building and might be noticed by individuals as early stage conflict.

Figure 2: The process of conflict (Robbins 1998)



Stage 1 Antecedent conditions, outlined as communication, structure and personal variables, would suggest that organisations are mindful of the fine balance that needs to exist for conflict to be managed. Alterations in any of these things can lead to conflict. Within organisational restructure or design processes, all three can alter very quickly.

Stage 2 Denotes that disagreements can occur without emotional contact; however, when there is 'felt conflict', people can feel frustrated, anxious and hostile. This stage denotes the individual and subjective nature of conflict.

Stage 3 These are decisions to act on what is seen. Thomas and Kilmann's (1974) work on modes of conflict has grouped these into the five noted styles of handling conflict. It is important in this process to recognise that people's behaviours do not necessarily reflect their intentions.

Stage 4 Reactions can be overt, including shouting or even hitting: workplace violence is increasing. However, not speaking and working to rule are other reactions, and these too may be a long way away from individual intentions.

Stage 5 These can be divided into two broad categories, namely functional and dysfunctional outcomes. Performance managing a team of people in a bullying manner can mean that people leave because they find the behaviour too intense; performance managing through coaching can lead to greater ownership and a partnership approach to managing the problems.

This study will add to the current evidence base, as it investigates the organisation's rationale for having a single day's training in conflict resolution for nurse managers. It also investigates the impact of conflict on nurse managers by analysing what they observe happening within their teams and drawing parallels from the literature on nurse managers' conflict management styles, established using Thomas and Kilmann's (1974) conflict inventory.

There is a dynamic relationship between the national/cultural and political context within society and that of an organisation, noted in De Dreu and

Gelfand's (2007) multilevel conceptual model of conflict management. The environment surrounding and influencing organisations can be described using the 'PEST' model, in which the national context is thought to constitute Political, Economic, Social and Technological forces (Brooks 2006) and could be an accurate summary of the national external context, which can influence and impact on organisations. Other influences and indicators could be derived from alterations of levels of community violence predicting increasing workplace aggression (Jones *et al* 2011). Therefore, investigating the national context at the time of the study is crucial. All of these things mean that organisations have to respond, change and adapt to undertake business within this context at a given time. The De Dreu and Gelfand (2007) model emphasises the role of time in workplace conflict, describing it as a 'process'.

Organisations can be described as social collectives, structured around the function they provide. De Dreu and Gelfand (2012) discuss how conflict moves in an organisation: the first route is described as top-down, and the second as bottom-up. Top-down movement normally signifies a higher-level factor that influences the work of the lower levels in organisations. These can be changes at a national and cultural level – changes that, in turn, influence lower levels. Within my study, a Welsh Government-led health restructure did influence lower levels in the NHS organisation's work: therefore, conflict did ensue. New leadership and acquisitions can also be the higher level changes which lead to lower level dissent (O'Grady 2003). De Dreu and Gelfand (2012) describe the processes that can moderate and facilitate this conflict, which might be manufactured group diversity, interdependencies to produce a task successfully and openness norms, as well as features such as the use of rights-based versus interest-based third parties/mediators and internal organisational dispute systems. This emphasis on solutions is helpful, as it can help to inform interventions to enable organisations to focus on increasing the positive outcomes of conflict.

In the De Dreu and Gelfand (2007) model, groups are discussed in terms of how people with certain personality types can self-select into teams within organisations, affecting a bottom-up occurrence of conflict, as they might be competitive or aggressive, for example. The De Dreu and Gelfand (2007)

model discusses how group interactions can note conflict through utterances and ways of working that, at their core, might be over resource allocation or perception of too little or too much work. A solution for this put forward by De Dreu and Gelfand (2012) is a motivated information-processing model of strategic choice in conflict negotiation. The outcomes here can depend on the ability of individuals within the group to be pro-social rather than pro-self in their behavioural thinking. The struggle of altruism against selfish nature can influence the motivation of individual behaviour (Ekstedt and Fagerberg 2004; Lee *et al* 2003).

When discussing the individual's behaviour in the De Dreu and Gelfand model (2007), it is interesting to consider Goffman's (1963) insights into the behaviour of individuals within group gatherings. Gatherings in this context could be large organisational departments when situations occur and individuals can be guided by social norms concerning their involvement. The organisation and the peer grouping within which the individual sits will have established norms and values by which they function daily. These are often not written rules in organisations: they are unwritten, but known to all members. Goffman (1963) goes on to discuss the danger of being in the proximity of others, especially in middle-class society, noting that only when individuals signify that they can be trusted do others feel that it is okay not to be defensive. Individual improprieties within gatherings or organisations can be feared, as they impact on their positive perception and self-image. At the individual analysis level of this multilevel model, consideration needs to be given to the subjective nature of conflict; other issues also need consideration, such as age, gender and manager role, to name a few.

In examining gender in the context of healthcare as an organisation, Nicholson (2000) notes that despite the advances in gender equality over many years, organisations have grown largely around the male model. This is true even in female-dominated businesses such as education and health. Gender differences can also be noted in how we perceive situations. Therefore, workplace conflict literature needs to be considered within the literature review (Liu *et al* 2008). Differences in perception according to

Rollinson (2005) are another important consideration: one person's view of conflict might be another person's view of a debate or an open discussion.

Keeley (1996) notes, similarly to Goffman (1963), that evidence of conflict in humans dates back to the emergence of humankind itself. Keeley goes further to note that our understanding of conflict is driven through many disciplines: psychology, sociology and organisational behaviour are the three previously discussed. There are many theories and methods of investigating this subject. De Dreu and Gelfand (2007) suggest that when attempting to understand conflict, it can be helpful to consider the following aspects: antecedents, processes and outcomes. These aspects explore the early stages of conflict awareness, the processes that conflict might take in the workplace and the outcomes that can help an organisation to mitigate against the negative outcomes and facilitate the positive outcomes of conflict, shown within the multilevel model as consequences. Pfeffer (1997) and Pondy (1967) iterate that organisations or social collections work best where conflict is present. The inevitability of conflict in organisations does not mean that staff or managers are any better equipped to facilitate conflict in teams where it is needed, or to manage teams where conflict has been too destructive. Exploring conflict within organisations demands a structure, and the De Dreu and Gelfand (2007) model is seen to be contemporary, multilevel and conceptual. The term 'contemporary' is used because the model discusses the advent of teams to deliver outcomes within organisations: this is increasing. When teams or groups deliver outcomes, conflict will be present, and indeed should be present to enable the teams to make the best decisions. Considering conflict through using this model helps us to consider that conflict is imperative to decisions being made. The term 'multilevel' is used because the model allows for consideration to be given to national, organisational, team and individual perspectives. The term 'conceptual' is used to describe the model because it is concerned with definitions or relationships of the concept in the field of healthcare as a context.

The terms 'teams' and 'groups' are utilized in the multilevel model interchangeably. These are not the same concept in practice. A group could be described as an early formation of a team (Cole 2000). In the present

study, the managers' teams are considered in the interviews and within the questionnaires. Teams can be described as clusters or departments in organisations, organised around their function within the business. Time working together can define them as a team rather than a group (Hofstede 1980), and in a team, there is usually an investment of time spent working towards the same goal. Understanding the elements of the De Dreu and Gelfand (2007) conceptual multilevel model will help me to comprehend the complexity of interrelationships and the impact of workplace conflict on the individual, the team, the organisation and the national context.

The idea of utilising a conceptual model for analysis in social science research is not new. Concepts are merely *'The building blocks of theory and represent the points around which social research is conducted'* (Bryman 2008: 143).

De Dreu and Gelfand's (2007) sources and consequences of conflict, layered on top of the multilevel method, allow us to consider these ideas and observations within this study. More recently, they suggest three broad root causes of conflict: the first is scarce resources, leading to conflict of interest or conflict over outcomes. The second is the need for people to hold a positive view of themselves and the department or group they work within. This is also called relationship conflict. The third is the need to hold consensually shared and socially validated opinions and beliefs about the world and the socio-cognitive conflicts of understanding: this can otherwise be known as task conflict (De Dreu and Gelfand 2007).

Time is also taken into consideration in this theory, as conflict is not only about the immediate and deferred consequences, but also holds a number of social functions. These can be around change, group and individual social identity. Figure 1 outlined the sources and consequences of conflicts being analysed across levels (individual, group and organisational) and embedded in the local and national context. This theory adds to the current ways of working in health, which involve working in teams, building collaborative networks to deliver healthcare with ever-decreasing resources. They argue

that there is close connection between working collaboratively and conflict. This suggests that workplace conflict is increasing.

2.5 Summary of chapter two

Understanding workplace conflict originates in the social sciences and has become an emergent theme within organisational science research. It overlaps in healthcare with patient safety and service quality improvement, and it is difficult to find research that deals with conflict as a multilevel phenomenon that can be discussed from early recognition of conflict through the process into consequences.

This chapter outlines the conceptual model for this study, namely the multilevel model, which considers the individual, team, organisational and national contexts of workplace conflict. This model is overlaid with De Dreu and Gelfand's (2007) insights into conflict sources and consequences, whilst considering top-up and bottom-down conflicts in the specific healthcare setting.

De Dreu and Gelfand's (2007), Coser (1956) and Jehn (1995), all describe conflict in the workplace to be a multilevel phenomenon impacting individuals, groups, organisations and national contexts. The antecedents and consequences must be considered to understand the phenomenon and introduce facilitative means for staff to start to consider harnessing conflict. Conflict is not only necessary - it is essential within organisations to drive effectiveness and improve decision-making.

Chapter Three: Literature review.

The literature review is divided into three distinct sections. Firstly the search strategy is explained. Secondly definitions of conflict are explored for their meanings and utility in research. These are mapped up against the research drawn on to develop this study's findings. Finally the various types of conflict are also explored to enable us to set the scene for what we might find when we explore what the participants in this study note of their views experience and meanings of conflict.

3.1 The literature search strategy developed to address the study question

The search framework included terms to maximise the amount of evidence that was identified for this study. Schardt *et al* (2007) have noted that using a framework can be useful to organise and strategically plan a search. The framework utilised for this study adopted a PICO format: P stands for person/patient, problem or population. I stands for intervention. C stands for comparison and O is for the outcome.

Table 1:- The workplace conflict PICO framework

Person	Intervention	Comparison	Outcome
Managers	Bullying	Private sector	Framework
NHS	Conflict	European countries outside the UK, e.g. France	Policy
Healthcare workers	Harassment	USA	Training
Nurses	Disputes	Australia	Coaching
Doctors	Dissent	Japan	Education
Workplace	Incivility/rudeness/poor manners	Germany	Management
Public sector	Violence/hostility		Resolution
UK	Aggression		Civility

	Burnout/stress/ distress		
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3.2 Literature search plan

The literature search strategy outlines the number of relevant articles found between 1994 and the present day within three databases. The years were chosen as the parameters of the database and to manage the sample of literature viewed. An in-depth search was made within a specific journal, the International Journal of Conflict Management. Table 2 outlines the search undertaken with the MeSH (Medical Subject Headings) used to generate the findings.

Whilst it was not the intention to conduct a systematic review of the empirical literature with a view to presenting a meta synthesis of published finding, it was still necessary to conduct a rigorous appraisal of the included literature. Initially, I had intended to employ the Cochrane GRADE Grid as an appraisal tool but this proved problematic as it deemed all the selected papers as being of 'low' or 'very low' quality. The GRADE approach is used by the Cochrane Collaboration to assess the quality of evidence; the Grade of Recommendation, Assessment, Development and Evaluation was initially created by Guyatt (2008a, 2000b) and is designed for systematic reviews but is often used as an appraisal tool. Because it defines the quality of evidence with a primary focus with-in study risk of bias, heterogeneity and precision of effect, it had limited application outside of clinical studies. There are four levels of quality; high, moderate, low and very low and the underlying methodology is the principle criterion. This means studies that are *not* randomised control trials are deemed to be of low quality, furthermore, there is no provision for qualitative studies. I therefore needed to find a more suitable tool to appraise the papers before including them in my review.

There are alternative tools which allow for the appraisal of non RCT papers in healthcare practice. One is the Critical Appraisal Skills Programme (CASP) which offers eight different appraisal tools which are designed for use when reading research from economic evaluations to a range of qualitative studies.

Another is the Joanna Briggs Institute (JBI), an international collaboration of some 70 healthcare entities. Although the JBI's main focus is on the generation, synthesis, transfer and utilisation of evidence in healthcare (particularly regarding nursing and allied health practice); it does offer a range of checklists for a variety of different types of evidence quality. It also has a much less rigid definition of 'evidence' and examines the 'appropriateness' and 'meaningfulness' of studies' findings, particularly when looking to develop policy. I selected the JBI Critical Appraisal checklist as it allows for a wider range of papers to be critically evaluated and, whilst it has its focus on healthcare, the checklist was helpful for studies from other disciplinary fields and seeks to establish three key concepts:

1. Congruity between philosophical position adopted by the study and study methodology; study methods; representation of the data; and interpretation of the results;
2. The degree to which the biases of the researcher are made explicit; and
3. The relationship between what the participants are reported to have said and the conclusions drawn in analysis.

There are several other evaluation methodologies which could have been employed from other fields, Denyer and Tranfield's (2003), for example, who have produced an evaluation methodology specifically for literature from organisational sciences. However, while this study does include many papers from this field study it also needs to be weighed up alongside the nature of the research question and the nature of the award being undertaken. The context of the study is a healthcare organisation, with participants who are healthcare workers seeking to manage conflict in clinical setting; the award is for a Doctorate in Nursing. I therefore decided to use a healthcare oriented appraisal tool.

Table 2 JBI Critical Appraisal Criteria for Qualitative and Textual Studies

Criterion	Question(s)	Yes	Some	No
1. Congruity between the stated philosophical perspective and the research methodology	Does the report clearly state the philosophical or theoretical premises on which the study is based?			
	Does the report clearly state the methodological approach adopted on which the study is based?			
	Is there congruence between the two?			
2. Congruity between the research methodology and the research question or objectives	2 Is the study methodology appropriate for addressing the research question?			
3. Congruity between the research methodology and the methods used to collect data	3 Are the data collection methods appropriate to the methodology?			
4. Congruity between the research methodology and the representation and analysis of data	4 Are the data analysed and represented in ways that are congruent with the stated methodological position			
5. Congruity between the research methodology and the interpretation of results.	5 Are the results interpreted in ways that are appropriate to the methodology?			
6. Locating the researcher culturally or theoretically	Are the beliefs and values, and their potential influence on the study declared?			
7. Influence of the researcher on the research, and vice-versa, is addressed	Is the potential for the researcher to influence the study and for the potential of the research process itself to influence the researcher and her/his interpretations acknowledged and addressed?			
	Is the relationship between the researcher and the study participants addressed? Does the researcher critically examine her/his own role and potential influence during data collection?			
	Is it reported how the researcher responded to events that arose during the study?			
8. Representation of participants and their voices	Does the report provide illustrations from the data to show the basis of the conclusions and are participants are represented in the report?			
9. Ethical approval by an appropriate body	Is there a statement on the ethical approval process followed?			
10. Relationship of conclusions to analysis, or	Are the conclusions drawn by the research based on the data collected (data being the text generated through observation, interviews or other			

<i>interpretation of the data</i>	processes)?			
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Table 3: Literature search methodology

Search number	Subject headings with MeSH	Number of articles found
1	(bullying or conflict or dispute).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	36450
2	exp Aggression/ or exp Violence/ or exp Bullying/ or exp Interpersonal Relations/	218332
3	conflict.mp. or exp "Conflict (Psychology)"/	32428
4	exp "Dissent and Disputes"/	3368
5	rudeness.mp.	34
6	incivility.mp.	117
7	(poor adj3 manner).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	18
8	5 or 6 or 7	168
9	hostility.mp. or exp Hostility/	3949
10	or/1-9	246066
11	exp Health Personnel/ or exp Personnel, Hospital/	217288
12	(hospital adj2 worker).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	44
13	exp Nursing Staff/	33486
14	(nhs adj2 staff).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	241
15	exp Physicians/ or doctors.mp.	78479
16	(healthcare adj3 managers).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	483
17	or/11-16	243323
18	10 and 17	42218
19	exp Great Britain/ or uk.mp.	196696
20	18 and 19	3949
21	(framework adj4 practice).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	847
22	exp Burnout, Professional/ or exp Job Satisfaction/ or burnout.mp.	18571
23	(staff adj6 stress).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]	550
24	22 or 23	18937

25	20 and 24	209
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3.3 Literature search findings

The literature search was undertaken in the MEDLINE, CINAHL and PsychINFO databases. These databases were chosen because the workplace was focused specifically in a healthcare setting, and the study sample group were nurses. After sorting for duplications, there were 209 articles generated in MEDLINE, with an additional 27 in CINAHL and a further 12 in PsychINFO, bringing the overall article count to 248. Thirty-six were discounted because they were either anonymous book reviews or were unobtainable. Four were discounted because they focused solely on the costs in America, and were therefore not relevant to the context of this study. On further investigation, 86 of the articles had to be discounted because they related directly to staff and patient conflict. The remaining 122 were considered relevant and these were divided into three main categories:

1 Research articles pertaining to aspects of “workplace conflict”	101
2 Systematic or literature reviews	6
3 Opinion papers or strategic papers.	15

Information was also drawn from three additional categories:-

6 Web-page sources	28
7 Textbook	49
8 Text books on research methodology	8

The International Journal of Conflict Management was hand searched to generate articles and organisational and research textbooks were also utilised. The evaluation research conducted uses a mixed method approach, allowing for triangulation of information from:-

- The literature

- The survey results with statistical analysis
- The themes emerging from the semi-structured interviews.

The PICO framework helped to structure the literature search. The literature search was formulated around the question of the study and the context and setting within which the study was undertaken. The search strategy generated numerous articles, research and opinion. Many of the textbooks found were noticeably within the organisational sciences or research methods and aided me to gain an understanding of the theoretical foundation for the study and understand and explore the research methods. Following a critical appraisal of the selected papers and articles, a number of themes emerged. These will now be discussed.

3.4 Operational definition of “workplace conflict.”

Life is full of choices, and wherever there are choices and decisions to be made, there will be conflict, even if it is within an individual’s own mind (Kaitelidon *et al* 2012). Pahl *et al* (2008) emphasised the positive nature of conflict to move individuals and organisations forward into a more creative problem-solving arena, noting that it can lead to creativity and richer outcomes. Hendle *et al* (2007) observed conflict in healthcare as a growing subfield of organisational behaviour, describing it to be beneficial as well as damaging. Kaitelidou *et al* (2012) described conflict in the healthcare setting as inherent, noting that health care professionals deal with internal and external conflicts daily. However, it is difficult to view conflict as positive and laden with opportunities when you are in the middle of it. There is little doubt in the literature that workplace conflict can lead to many negative effects on staff, the organisational function and reputation, and within healthcare, the worrying effect is that on patient’s safety. Taylor and Rew (2010) healthcare research discuss the extreme end of workplace conflict, which is workplace violence, as being more dangerous than exposure to blood-borne pathogens, falls or chemical exposure. Concurring with these findings are the works of Jones *et al* (2011) and Zampieron *et al* (2010), who also found conflict to be increasing. With this much violence between patients and health care staff

being noted, there is little surprise that this will extend to staff-to-staff conflict increasing.

Many authors view workplace conflict as inevitable but it is the negative effects of conflict that need to be managed (Al-Hamden *et al* 2011; Andersen 2006; Newman 1996; Pahl *et al* 2008; Pavlakis *et al* 2011). They argue that workplace harmony is an unrealistic fantasy, which might not even exist, focusing instead on the damaging effects of conflict. If an organisation can hold harmony within it, then it should also encompass disharmony when required to do so. For example when professionals have different opinions on clinical care. Within large organisations, it is also unrealistic to strive for a total abolishment of conflict, as this will be unachievable and detrimental (Newman 1996:-21), perhaps even leading the organisation towards 'group think'. The term 'group think' was first coined by Whyte (1952, 1989) and is described as the situation that arises when a group of people avoid challenging the norm in order to preserve harmony above everything else. One of the best illustrations of this form of thinking can be seen through investigating Harvey's (1974) 'Abilene Paradox'. Within this theory, a course of action is decided upon that everyone in the group is unhappy about; however, no one speaks out against the action. This theory originated from a reflection of a family in which each individual tries to keep the other members happy by embarking on a trip in sweltering heat to Abilene, which is an area in Texas. Communication breaks down. In this paradox, nobody wants to go to Abilene, but equally, nobody wants to upset the whole family by speaking out.

An organisation that sets out to ignore or completely eradicate conflict might find elements of this in its behaviour (Taylor 1999). This phenomenon is best described by Rollinson (2005) as a process of impaired decision-making by a group because the desire for unanimity overrides examining the consequences of a decision. People stop challenging behaviours, as they want to 'belong', which could be the cultural hegemony. Rempel and Fisher (1997) note that 'group think' as a concept demands greater research but is largely seen as a concept to avoid. In a healthcare setting, it could be argued

that greater diversity is required, as too many health professionals might be of similar opinion (Coombs 1987, St-Pierre and Holmes 2008).

This opinion moves against the unitary perspective of conflict, which is that the occurrence of conflict in the workplace in some way questions the leadership. Purist unitary thinking is that the whole organisation should be working collectively towards one goal. In large complex organisations with varied sources of funding and different staffing arrangements, some temporary and some permanent, the unitarist perspective has its limitations. A unitarist organisation is predominantly a harmonious, happy one with shared objectives, but this is difficult to achieve within the NHS. It is from this perspective that the concept of team-based working within healthcare originated (Drucker 1984)

The pluralist perspective of conflict acknowledges that it is a perfectly normal phenomenon that, if left unmanaged multiple opinions, can encourage disharmony in the whole organisation. Rollinson (2005) notes this perspective of conflict to be naive but more realistic than unitarist.

It is also necessary to consider the radical and interactionist perspectives. The radical perspective is derived from Marxist thinking that all conflict is a reflection of power bases and what is happening in society and the capitalist economic system views all conflict as happening vertically between the workers and management; between labour and capital. Within a socialised healthcare system, this is only part of the picture, but arguably, introducing market forces may cause tension Rollinson (2005). The interactionist perspective of conflict builds on the pluralist thinking, noting that organisations need to know what the optimum level of conflict is that can be sustained before it becomes dangerous or impacts on their work. Within the NHS, the work involves dealing with the public as patients and relatives, discussing treatments and making diagnoses with other colleagues, and this can lead to conflicting opinions. Conflict can also arise from managing staff and can be time-consuming for a manager, meaning that it is often patient care that suffers (Duddle and Broughton 2008; Lloyd *et al* 2002).

To begin the exploration of the subject of conflict, an operational definition of “workplace conflict” needs to be established. The workplace for this study is a large NHS organisation. It is indisputable that conflict exists in large NHS organisations and that it can lead to many negative and, conversely, positive effects. One example of a negative effect is increased sickness levels in the workforce (Morrison 2008) and one example of a positive effect is that it can motivate staff to think creatively around patient treatment and care (Stanford 2005).

The Oxford Dictionary (1994: 306) defines it as:-

A state of opposition or hostilities, a fight or struggle, the clashing of opposing principals, the opposition of incompatible wishes or needs in a person.

A more purposeful operational definition utilised for this study was: -

Conflict begins when an individual or group perceives differences and opposition between itself and another individual or group about interests and resources, beliefs, values, or practices that matter to them. (De Dreu and Gelfand, 2012: 6)

This definition denotes groups or individuals having conflict. With most healthcare systems being dependent on teams to deliver their services, this suggests that conflicts can be between individuals or whole groups This definition is not overtly negative or positive; it is a pragmatic description of the process of conflict, noting that it might have a beginning, and giving details of why it might occur. Defining conflict is problematic. McConnon and McConnon (2010) discuss it as follows:

Each of us has our own unique window on our world, fashioned by our socialisation and our place in history. We have our own need, defined by our values and beliefs. When needs are not met, or are denied to us, we are in conflict. (McConnon and McConnon, 2010:7)

This description raises the subjective nature of conflict, which occurs when two or more values, perspectives, needs, interests and/or opinions are opposed and there is usually one party who has more power than the other

(Pahl *et al* 2008). From all of these definitions of the term 'conflict', it can be determined that:

Conflict can be destructive as well as constructive. (Morrison, 2008: 975).

This must be why it is so hard to define conflict and then to manage it effectively within the workplace, due to its subjective nature. Nicholson (2000) debunks the myth that conflict between groups can be eliminated, noting that the reality is that, employees will always make negative comparisons between their own and other groups and making the origins of potential conflict ever present.

This draws into question why an organisation would seek to set a system in place to try to manage conflict effectively. The only reason to undertake a problem-solving approach to workplace conflict would be to limit, minimize or manage its damaging effects.

Rollinson's (2005:410) definition helps to further explore conflict in the workplace:

The behaviour of an individual or group, which purposely sets, out to block or inhibit another group (or individual) from achieving its goals.

Within the workplace, conflict can be as a result of having someone purposely inhibit an action or decision. Rollinson (2005) goes on to note that there may be some parallels to be drawn between conflict and competition. However, the distinction noted here is that in a competitive workplace, people can usually pursue their endeavours without impeding each other. In conflict, it can be difficult for one party to achieve its aim without forcing another party to abandon theirs. Cole (2000) notes

that a workplace conflict that requires management is that of 'point scoring' – this is when one person or department trying to run another down for personal or group gain.

Conflict is a process with various episodes: Rollinson (2005) discusses it as a chain with many different links. Taylor (1999) also discusses conflict as episodic process.

Table 3 outlines a number of words utilised in the workplace to clarify different types of workplace conflict, such as bullying, harassment, aggression incivility

Word	Definition	Mapping the literature keywords
Bullying	"...repeated actions and practices that are directed against one or more workers, that are unwanted by the victim, that maybe carried out	Dellagenga (2009) Fox and Stallworth (2009) Jackson <i>et al</i> (2002) Kivimaki <i>et al</i> (2011) Martin and Martin (2010) Milam <i>et al</i> (2009) Quine (1999) Sa and Fleming (2008)

and violence. Bullying is described as a behaviour that threatens, intimidates, humiliates and isolates people in the workplace (Fox and Stallworth 2009). In the Table the definitions are specifically defined and the research that focuses on that form of conflict is noted also.

	deliberately or unconsciously, but clearly cause humiliation, offence and distress, and that may interfere with job performance and/or cause an unpleasant working environment." Einarsen, <i>et al</i> (2003:4)	Spence Laschinger <i>et al</i> (2010) Yildrum <i>et al</i> (2007)
Harassment	"Unwanted conduct on the grounds of race, gender, sexual orientation etc. which has the purpose or effect of either violating the claimant's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them." Swansea University (2014) Swansea University:- http://www.swansea.ac.uk/registry/academicguide/conductandcomplaints/dignityatworkandstudycombatingharassment/2definitionandexamplesofharassment	Martin and Martin (2010)
Threatening	"To announce ones intention to do an undesirable or unexpected thing. Give warning of the infliction of harm. Oxford dictionaries (2014: 1506)	Mueller and Tuschan (2011)
Workplace violence	Type 1) can be classified as planned robberies, where the assailant has no legitimate relationship to the workplace and the main object of the attack is cash or valuable property. Type 2), events involving assault by someone who is either the recipient of the object of the service provided by the affected workplace or the victim and type 3) incidents involving assault by another employee, a supervisor, or an acquaintance of the worker." Leather <i>et al</i> (1999: 12)	Bowie (2010) Bowers <i>et al</i> (2006) Farrell <i>et al</i> (2006) Jackson <i>et al</i> (2002) Jones <i>et al</i> (2010) Lepping <i>et al</i> (2009) Kumar <i>et al</i> (2001) McCall and Horwitz (2004) Mueller and Tschan (2011) Rew and Ferns (2005) Rodwell and Demir (2012) St-Pierre and Holmes (2008) Taylor and Rew (2010) Wells and Bowers (2002) Winstanley and Whittington (2002)
Aggression	'The act or practice of attacking without provocation.' The Oxford Encyclopedic English Dictionary.	Bonner and Wellman (2010) Coe and Gould (2008) Dupre and Barling (2006) Farrell (1999) Hensel <i>et al</i> (2012) Jahoda and Wanless (2005) Lepping <i>et al</i> (2009) Rew and Ferns (2005) Stubbs and Dickens (2008) Spence Laschinger <i>et al</i> (2009) Taylor and Kluemper (2012) Winstanley and Whittington (2002) Whittington and Wykes (1996)
Incivility	'Rudeness, discourtesy.' The Oxford Encyclopedic English Dictionary.	Clark (2008) Guidoz <i>et al</i> (2010) Leiter <i>et al</i> (2010) Milan <i>et al</i> (2009) Oore <i>et al</i> (2010) Pearson <i>et al</i> (2010) Taylor and Kluemper (2012)

Table 4:- Terms used to describe conflict mapped to the literature

Incivility is increasingly appearing in the literature (Taylor and Kluemper, 2012). 'mobbing' behaviour is also emerging, with staff exhibiting this by humiliating, criticizing, threatening, making snide jokes, conspiring and ridiculing one or a small number of a team (Ofluoglu and Somunoglu 2012; Yildirim *et al* 2007). This array of terms can lead staff to discuss and focus on individual conflicts with terms such as 'bullying' and 'harassment'. However for this study a more generic term was felt to offer participants the option to

discuss the broader issues of conflict such as workload, restructures and national drivers. This also widened the ability for participants to consider the positive side of conflict. Conflict was denoted specifically in studies outlined: Al-Hamden *et al* (2011), Almost *et al* (2010) Anderson (2006) Aritzeta *et al* (2005) Askew *et al* (2008) Barki and Hartwick (2004) Barbuto *et al* (2009) Bell and Song (2005) Booij (2007) Brinkert (2010) Cox (2001) Chyng-Yan and Moller (2009) De Dreu *et al* (2004) Dijkstra *et al* (2012) Estryn-Bar *et al* (2011) Euwema *et al* (2003) Farrell (1999) Farrell *et al* (2006) Gordon *et al* (2007) Guido *et al* (2010) Hendel *et al* (2005) Hendel *et al* (2007) Jansen *et al* (2006) Jahoda and Wanless (2005) Kaiyelidou *et al* (2012) Kelly (2006) Lau *et al* (2013) Mahon and Nictera (2011) Mohammed and Angell (2004) Morrison (2008) Nelson (2003) Patel *et al* (2008) Pavlakis *et al* (2011) Rahim (2000) Rice *et al* (2008) Rowe and Sherlock (2005) Schaufefeli *et al* (2009) Tabak and Koprak (2007) Tinsley (1998) Vivar (2006) Weingart *et al* (2007). Understanding the terminology that people use and what it means is vital to start to address and manage conflict when it occurs. Vivar's (2006: 653) concept of conflict emphasises balance:

Conflict should not be viewed as dysfunctional but considered as an opportunity to create new ideas and evoke positive change.

This positive definition denotes the inevitability of conflict, as well as actually allowing organisations to note its necessity. This might be a good definition to hold at an organisational level of understanding; however, for individuals dealing with painful conflict episodes, piloting revealed the following definition to be more beneficial for this research:

Conflict begins when an individual or group perceives differences and opposition between itself and another individual or group about interests and resources, beliefs, values, or practices that matter to them. De Dreu and Gelfand (2007: 6)

This definition denotes groups or individuals having conflict, but with most healthcare systems being dependant on teams to deliver their services, individual conflicts can escalate to teams or within groups (Nicholson 2000).

This definition is neither overtly negative nor positive: it is a pragmatic description of the process of conflict, noting that it might have a beginning and giving details of why it might occur.

Violence is the extreme end of conflict in the workplace, and although this is not the focus of this study, it requires some attention, as it does occur. Jones *et al* (2011) note that the overall occurrences of workplace violence are increasing, although this is generally because clients or members of the public are getting violent with employees, not because colleague violence is increasing. McCall and Horwitz's (2004) research revealed that the risk of workplace violence is greater in some occupations than others. The occupations that are perceived as being at risk are law enforcement, retail sales, healthcare, education, transportation and social services. Patients' violence towards staff is noted to be the most hazardous and unpredictable form of violence for employees (Bowie 2010). Understanding this helps us to develop a picture of the healthcare workplace; as one of constant threat, and dealing with aggressive service users makes this sort of behaviour difficult to manage. Violence in the workplace does require elimination, as too does a considerable amount of verbal conflict. These types of conflict require organisations to develop means of dealing with it and resources to manage it (Rahim 2000).

Defining conflict as a linear process, as noted by Robbins (1998) makes it appear simple, but in reality, workplace conflict is complex (Taylor 1999). Conflict is dynamic, often moving between the stages described and involving a number of incidences over time. Taylor describes this process of defining conflict as a series of episodes with outcomes. Both Taylor 1999 and Robbins (1998) models appear iterative, not linear, suggesting also that in the Robbins (1998) model, participants in conflict can loop around stages I and II a number of times before moving on. Rummell (1976) discusses conflict as a helix, which also alludes to the complex, dynamic, non-linear, multi-layered process. Ergeneli (2007) uses an image to describe workplace conflict, noting it to resemble a tree, with the roots representing the antecedents and the trunk, which could be better described as the occurrence of conflict, being visible,

with the branches describing the effects. Ergeneli (2007) notes the limitations in the use of an image, as not all conflict is visible and actually the branches indicate the numerous effects of conflict, which can make it seem too complex to manage.

In the context of healthcare, there may be a variety of reasons why conflict occurs (Booij 2007; Beumer 2008; Frassier and Azoulay 2010; Nelson and Cox 2003). Whilst in the past the focus was on external reasons for conflict brought into the environment of care by patients and their carers and friends, attention is gradually shifting to the threat of conflict with colleagues (Farrell 1999). This form of conflict is seen as leading to a major source of staff distress. Winstanley and Whittington's (2002) cross-sectional survey of 1141 health care professionals noted that a key source of workplace conflict was interpersonal interactions with colleagues, and this was seen as leading to significant stress among staff.

Mohamed and Angell (2004) provide insight into diversity within teams and its impact on relations in the workplace. They describe that equality and diversity issues can be raised within most, if not all, conflict situations. In their research, diversity is divided into 'surface and deep level' diversity, surface level is defined as including gender, age, ethnicity, functional background and organisational tenure; there is a close link between the visibility of the diversity and the relationship difference (Pelled 1996). Deep level diversity is described as attitude, personality and values that differ. Therefore, if the difference is overt or visible, then conflict is more likely.

Six reasons why conflict occurs in the workplace have been derived from the literature and grouped for ease of discussion. These are: 1) Task - knowledge and situational, 2) Power, 3) Gender and sexuality, 4) Emotion: threats, 5) Culture, race and ethnicity, 6) Age and experience. A deep level variable to be considered in the workplace that emerged out of Mohamed and Angell's (2004) study was that of time. Thus, an additional group for discussion is 7) Perceived time pressures to achieve goals/workload pressures. All of these are potential sources of conflict.

3.5 Task conflict

Healthcare professionals can be in conflict over a difference of opinion related to the management of patient care issues. From a safety perspective, this sort of conflict needs to occur, and is categorised by Booij (2007) as 'task conflict'. Examples of this would be who decides what to do? Who is responsible for the treatment decision? Who decides what the order of treatment is? If these issues go unresolved, they can escalate to professional background conflicts that are otherwise categorised as power conflicts. Oore *et al* (2010), noting the deterioration of respect in clinical groups, highlighted how collaborative decision-making was improved in groups that socialised with each other. They noted particularly how this influenced the doctor-nurse relationship in decision-making. Oore *et al's* (2010) pre- and post- intervention survey, generating 361 responses, revealed considerable incivility prior to their intervention. Having followed a team-based civility programme over six months, the team reported a marked decrease in incivility. Two limitations of the study that are interesting to note are that the facilitated contact alone might have been beneficial, given that the time for the study was protected, and also that external factors that influence incivility in the workplace, such as family or relationship stress, could not be detected.

Managerial and leadership working relationships also need to be considered under task conflict. In emergency clinical situations, urgent decisions have to be made about patient treatment such as weaning patients off ventilation when clinicians might have different viewpoints. This can lead to workplace conflict and be dangerous to patient safety (Frassier and Azoulay 2010). Euwema *et al's* (2003) study reiterates that task conflict can get personal very quickly, as it can lead to questioning someone's performance or competence. With the advent of e-mail communication penetrating the workplace, cyber-bullying is also a consideration for staff (Clark 2008). Tasks might be allocated to staff via e-mail, with responses being given in a similar way: this can lead to miscommunication between managers and their subordinates or peers.

This can be very difficult in a hierarchy and even more difficult when people are in different professional groups, such as a nurse questioning a doctor's competence. Here, professional power might serve as an additional source of conflict. In summary task conflict can lead to professionals having different priorities and opinions over patient care. Different members of the multi-disciplinary team might not be communicating effectively with other members and at this point care and treatment of patients can deteriorate.

3.6 Power

It is difficult to discuss conflict in the workplace without discussing another abstract concept, namely power. Schein (2010) discusses the area in which aggression can arise as 'power distance', noting high power distance between the skilled and the unskilled workforce, and between professional and managerial workers. Power can be viewed negatively from this standpoint. However, Tjosvold and Sun (2002) state that with recent emphasis being placed on empowerment in organisations, power, just like conflict, has a distinct positive angle in organisations if used wisely.

Rollinson (2005) describes the concept of power used by individuals in the workplace setting as an individual's capacity to modify the behaviours of others in a manner that they might want without having to modify their own conduct in a manner in which they do not want. Schein (2010) notes that to use the power appropriately, leaders might allocate tasks to individuals so that they can performance manage them to be accountable for both doing and not doing the task. Another style would be to allocate the task to a group collectively, allowing subordinates to input and own the task. Both styles are outlined by Handy (1995) in his management styles model, and both styles can promote conflict or diffuse it. Nelson and Cox (2003) have noted that a manager's actual style of managing workplace conflict can also be a source of conflict. Rollinson (2005) discusses the notion that power might manifest itself in employees as the ability to deal with contingencies, such as pro-actively preventing things from going wrong or coping in advance by forecasting and predicting a problem that may impact on another department. Understanding

this helps to outline reasons why workplace conflict arises. Low power in employees means that they cannot work pro-actively to prevent things from going wrong, they cannot plan to cope in advance, and they cannot absorb problems before they impact on other departments (Bentley *et al* 2009). This helps to anticipate the situations that might lead to workplace conflict.

There is also a common misconception about power in organisations, as it is often assumed to be synonymous with formal authority, which gives the impression that power flows downwards. Power can flow upwards and horizontally, and if a subordinate has more experience and skill than a manager, they may exude referent power. There is also hidden power; this is a phenomenon that is often not visible De Dreu and Gelfand (1988). Paton (1983) outlines how hidden power can be exercised in the workplace in three ways. The first is through controlling information and agendas; the second is through changing working practices to suit a person or a group, and the third is through preventing conflict via one of four tactics. These are (i) latent intimidation; (ii) promotion of values or beliefs to legitimise arrangements that can otherwise be contested; (iii) structuring work relationships to 'divide and rule'; and (iv) establishing institutionalised bias, which would mean only addressing *some* of the employees' concerns, not *all*.

Andersen (2006) postulates that lack of information or the controlling of information and role conflict are factors in workplace conflict, and so concurs with Paton's (1983) early work. Tjosvold and Sun (2010) note the importance of understanding the power relationship in helping or hindering organisations. Their research into managers' use of power led to two pivotal conclusions: firstly that time is required to ensure that there is cohesive and cooperative goal-setting, and not just the goals of individuals and managers. Subordinates require resources and assistance, and these staff need to have a voice, as iterated by Suresh *et al* (2012). This suggests that power needs to be shared. Ergeneli (2007) notes how the leadership style of the executive team and the chief executive officer of an organisation influence a 'top down' view of conflict management. Ergeneli's research discusses top-down and bottom-up

solutions; however, horizontal conflict is also widespread in organisations (O'Grady 2003).

When someone has to challenge other colleagues' practice in a disclosure incident, there can be considerable inter-professional and team conflict as a result. Commonly known as 'whistle blowing', this involves having the courage to say that a colleague is not up to the practice they are undertaking and/or doing something that could cause harm. This has been discussed for many years, and Dinsdale (2005) noted that many practitioners did not know of a confidential way to whistle-blow on colleagues' practice, while Mathieson (2013) reflects that this has not improved following the publication of the Francis report (2013). Whistle blowing is a term that, at its heart, means to disagree with another colleague's practice and to question it. It is the patient safety component of workplace conflict and the very reason why the NHS needs to keep a degree of challenge and conflict within its systems.

Nelson and Cox (2003) discuss workplace conflict as a two-system approach involving causes and accelerants. Misuse of power could be a cause, and the accelerants could be: (i) goal incompatibility; (ii) managerial approaches that are dysfunctional and lead to conflict; (iii) organisational structure, including extreme regulations; (iv) institutional cultural influences; and (v) emotional and psychological factors.

It is often the accelerants, whether real or perceived, that keep a conflict alive in the workplace. For example, an individual can be upset by how their manager has spoken to them but might never actually tell their manager: this in turn may lead to the employee being disgruntled whenever the manager speaks to them, but the manager will have no perception of the origin of the conflict. In summary power conflict is not necessarily linked with managerial power. It could be derived from roles who are in positions of perceived power.

3.7 Gender and sexuality

Nursing remains a traditionally female-dominated profession: NMC statistical analysis published in 2008 showed that 89% of nurses in the UK were female

and 11% were male. With this dominance of females in the profession comes an association with femininity and nurturing (Patel *et al* 2008). This can pose problems for the workforce, as there is an overlap of skills of caring that relate to gender. Caring in the home and being the caregiver in work can be exhausting. Jansen *et al* (2006), Leiter *et al* (2001) and Patel *et al* (2008) all discuss the stress that can be evoked in a predominantly female workforce when work and family life overlap. They all report that women are often the main caregivers at home, with dependent children and/or parents. This can have a knock-on effect of introducing workplace stress, leading to conflict (Patel 2008), resulting in the nurturing and support either being delivered to a team in work, with little or none left for the home, or vice versa. Getting the balance right is the challenge for female managers.

Gender differences in the workplace are linked to power, and Leiter *et al*'s (2001) study notes that a dominant female workforce with minority male managers might pose problems of staff feeling frustrated due to the 'glass ceiling' effect within their roles. Estryn-Behar *et al* (2011) concur that the 'glass ceiling' concept or perception is felt more strongly by female workers than by male workers. This might be because female managers often have to be part-time and are therefore unable to apply for or undertake senior roles. If the culture of the organisation is that senior managers are required to be in work full time, there might also be a conflict style issue linked to the gender of managers.

Gender issues and the need to deal with issues of sexuality in the workplace can lead to many incidences of conflict (Bates 2011). The absence of consideration of sexuality or the total avoidance of the subject can cause difficulties. This can move from avoidance with colleagues into an avoidance of broaching the subject with patients. Nurses can do this for many reasons. Bates (2011) believes that fear of causing offence is key to why even talking about sexuality is not undertaken well in healthcare. Thomas (2003) notes how men and women might require different ways of communicating within conflict situations, such as encouraging women to be more honest in their interactions without fearing offending, and equipping men with skills to talk

about situations more. Dellasenga's (2009) study of bullying shows how female nurses can be more inclined to note verbal relational aggression than their male peers and that this preference is identifiable in childhood within females and is carried through to adulthood.

Research undertaken with GPs in France noted that female GPs were more prone to worry about making mistakes in the workplace, and that this could lead to conflict prior to burnout by these healthcare staff (Estryn-Behar *et al* 2011). Lin *et al* (2003) state that men and women broadly experience conflict differently. Men get more stressed and experience internal conflict relating to financial pressures, while women are more inclined to be concerned with negative experiences of verbal work-conflict situations. With the majority of the workforce within the NHS being female, this is inevitably going to raise workplace tensions.

3.8 Emotions and threats

The psychosocial cost of conflict management is normally related directly to people's emotional responses to communication that they perceive as conflict. Styles of conflict communication are described by Chung-Yan and Moeller (2010) as promoting active and cooperative behaviours, with problem-solving or integrated and compromising communication generally considered to be the most effective conflict management styles. Some styles can be perceived by individuals as threats, such as confrontation and competitiveness, others can be perceived as weakness such as avoiding or accommodating.

Handy (1995) talks about models and typologies of organisations being useful to a point; however, human interaction is not a precise science and humans as employees in large organisations can bring their own emotional ways of communicating to work with them. This too can lead to conflict. Goleman (1999: 266) discusses this:

What typically escalates to conflict begins with not communicating, making assumptions, and jumping to conclusions, sending a 'hard' message in ways that make it tough for people to hear what is being said.

Goleman (1999) continues by noting that more appropriate tools to use include facing each other, making eye contact, and sending the silent cues that let a speaker know that they are being heard. Thus, communication skills education is pivotal, not to stop conflict from occurring but to manage it positively.

Goleman's model of a skills-based course on emotional intelligence (EI) helps people to explore the origin of conflict. Rollinson (2005) reminds us that even with perfect communication, differences of interests are inevitable in organisations and in some cases, good communication only serves to highlight them. These differences include culture, race, ethnicity, age and experience, and are indicative of the inequalities that fuelled the Equalities Act (2010), which was designed to identify these protected characteristics and to help people strive for fairness. Equality protected characteristics are personal, and personal attacks can be very stressful for individuals to manage, especially within the workplace.

The issues and impact of occupational stress and conflict amongst healthcare professionals are concerning (Morrison 2008). Unmanaged conflict can lead to staff feeling stressed and experiencing job dissatisfaction, turnover and low morale. Valentine (2001) argues that one way of managing conflict is to help staff handle conflict through managing their EI. Although much of the work on EI is still emerging, the principal of controlling, managing and adapting strong emotional impulses can be beneficial in the workplace. Goleman's (1999) theory of emotional intelligence develops this thinking further by noting that people who have high emotional intelligence show greater motivation, self-awareness, self-management, social awareness and relationship management. Morrison (2008) asserts that when conflict is approached with high levels of EI, (it creates opportunities for learning effective interpersonal skills that can enhance team working. This, in turn, can enhance productivity: thus, getting organisational conflict management systems working effectively is crucial to improve effectiveness.

Working in an emotional setting can lead staff to work in increasingly stressful situations. Brooks (2006) discusses the concept of emotional labour; if, for example, a member of staff is in conflict with another and it is not resolved well by the organisation, then it can continue and its effects can become hidden or perceived by the individual as covert. This can subsequently lead to emotional dissonance and eventually to emotional exhaustion. Sickness or absenteeism can occur as a result of this rising problem, as can another emerging concept, known as Presenteeism. Presenteeism is a rising phenomenon in the workplace, characterised by people attending work whilst they are sick (Aaronson *et al* 2000), and it can be a precursor to burnout and emotional exhaustion. Bryngelson *et al* (2011) conducted a longitudinal study over four years, which demonstrated how downsizing a county council over the same period led to an increase in reported psychological and emotional distress amongst employees, which was reported when they were in work.

Conflict affects people's psychological image of themselves and can increase self-doubt, which affects both work and home relationships (Ekstedt and Fagerberg 2004). Rice *et al* (2008) reiterate that 'moral distress' affects nurses, noting that more opportunities for inter-professional communication skills teaching could help. Healthcare professionals often need support when problem-solving, and shared decision-making can help. Hollins-Martin and Martin (2010) note how the distress and emotional consequences of conflict can lead to physical and mental illness and call on management and Human Resources departments to safeguard their staff against these negative effects of workplace conflict.

Lee *et al*'s (2003) study notes how lack of resources and workloads can increase the likelihood of burnout in nurses. This study was undertaken on Korean nurses and many conflict management studies have been undertaken globally, allowing us to take into consideration culture, race and ethnicity.

3.9 Culture and ethnicity

Conflict occurs around the world in many forms, from wars and political uprisings to interfamily arguments. Within the workplace, conflict is managed

differently within different settings. The word 'culture' can mean many different things; however, for the purpose of this discussion, it refers to two aspects of human nature: the culture within a team and the culture bestowed upon a person by his or her nationality, tradition and upbringing. Ethnicity here is utilised to categorise large populations under one heading, normally depicting their origin: for example, Welsh might be the ethnicity of someone originating from Wales.

Ethnicity can further impact on language by assuming someone's religious beliefs on the basis of where they originate in the world. All of these can be antecedents of workplace conflict. Hollins-Martin and Martin (2010) note how ethnicity and race can be a consideration when conflict occurs, and managers need to prepare for this in order to avoid conflict.

Culture in teams is discussed in Frassier and Azoulay's (2010) review of French research on healthcare conflicts, in which they note how team cohesion can be lost through conflict. Al-Hamden *et al's* (2011) survey of 182 nurses, with only three male participants, revealed how, of all the nurse managers surveyed, those of Indian origin were the least likely to use collaborative styles of conflict management to resolve disputes. Nurses originating from Oman were more likely to utilise avoiding conflict managing skills when faced with a dispute, while their American counterparts were more likely to use compromise as a conflict management style when trying to resolve a workplace dispute.

So important is people's culture within conflict situations that healthcare researchers from across the globe are looking at their own staff and analysing how their own cultural influences conflict. Rodwell and Demir's (2012) survey of 273 nurses and midwives in Australia noted how staff outlined the internal threat of bullying and harassment as being as high as that of an external threat from patients and carers. The authors argue that there was a medical hierarchy conflict with the nursing group, as the doctors were seen to dominate. The researchers' term for the nursing group in areas of this research was that they showed signs of being oppressed.

In Australia, researchers linked the national context of reform or restructure to that of culture to note the context of the conflict (Venturato *et al* 2007). The effects of a governmental reform are noted to have an impact on organisational changes, which led the researchers to investigate the effects on staff. They noted that conflict and staff tensions were related to historical and contextual factors, including professional, social and political domains of the context.

Some researchers have conducted cross-cultural comparisons. For example, Lepping *et al* (2009) compared German, Swiss and UK ward managers' ability to improve how they managed ward-based conflict. They found that British ward managers perceived ward aggression occurring the least, followed by the German and then the Swiss ward managers. This suggests that the culture of one's country of origin can also affect one's tolerance of aggression/conflict.

Whilst culture and ethnicity are not investigated within this thesis, it is clearly a matter for further debate, as evidenced in the literature search.

Al-Hamden *et al* (2011: 573) offer an interesting insight into the cultural difference of origin rather than the organisational culture of the clinical setting:

...staff nurses may be using avoiding more than students because of cultural differences between countries, but it could equally be because of different cultures in clinical areas.

Indeed, in the past, much of the cultural team diversity has focused on demographic differences within groups, teams or individuals. Mohammed and Angell's (2004) research notes that this does not go far enough and that real conflicts in organisations can be based on abilities, personality, attitudes and values. These differences are often considered deeper and trickier to overcome. Where there is difference to be noted, there is conflict to be found. In today's society, this can be seen in the general public striving for social normality, pushing difference into radical small minority groups. Blinder *et al*'s (2013) study on how people's preferences and prejudices are being managed

today suggests that people generally do not mind difference as much if people generally strive for social norms in their behaviour.

3.10 Age and experience

The seniority of employees, which can sometimes, but not always, relate to their age, is also identified as a factor in conflict (Geiger-Brown and Lipscomb 2011). Farrell *et al* (2006) found in their research that a significant proportion of younger staff members had experienced verbal and physical abuse. One consideration is that often the least qualified in a clinical area can be allocated the most undesirable work, which could also lead to conflict stress and subsequently burnout (Rodwell and Demir 2012). Al-Hamden (2011), Valentine (2001) and Vivar (2006) all found evidence relating to the age of the participants in their studies and their reaction to conflict.

Geiger-Brown and Lipscomb (2011) note that the NHS in Wales and England is increasingly aging and that one-quarter of the registered nursing workforce is over fifty years of age. This is seen to have advantages in that they can often be respected, knowledgeable and skilled; however, they can also be prone to illness and might sometimes be in caring situations outside work, either with aging parents or grandchildren, making them an unpredictable workforce to plan for and with. The tensions felt by this workforce can often lead to them wanting to leave the profession or having increased absences from work, leading to conflict in teams (Gordon *et al* 2007). This suggests that people's reaction to conflict will change at different times in their lives.

3.11 Time and workload.

Time is a broad concept that can be discussed in many different ways. In the context of its contribution to the source of conflict, Aritzeta *et al* (2005) lead us to consider teams that are newly forming, noting how interactions can change over time. Individual skills can become overt, which can lead to, and

sometimes add to, role clarity or role ambiguity. New members can join established teams and might question the way things happen, and this can lead to conflict. Barki and Hartwick (2004) found that in groups, with various people joining and leaving and a number of sources converging, conflict in the workplace can be a complex phenomenon to unravel. Add to this the emotional nature of the healthcare setting and the potential for stress over time to lead to burnout becomes a reality. The concept of time here suggests that conflict is a process: it often occurs over time within an individual, a team or between teams (De Dreu *et al* 2004). There are stages of conflict, which can range from a few minutes to many years. Almost *et al* (2010), in their research, used the term 'antecedents' to describe conditions that create the opportunities for conflict to occur. The core process is based around the interaction that occurs between individuals, which can be negative or positive. This stage introduces the idea that everyone has his or her own conflict management style. The final stage can be described as the outcome of conflict, describing this as functional or dysfunctional.

Staff workload is also a source of conflict, with the actions of unseen workers being doubted: for example, the day staff blaming the night staff for not undertaking duties. The theatres department is a good example of close interactions with multiple professional groups to get a patient through a procedure. This area and Intensive Care settings can involve intense working relationships that lead to conflicts (Booji 2007; Frassier and Azoulay 2010). Different people can absorb the conflict in different ways. Booji (2007) describes how a surgeon might not even consider an interaction as a conflict, while a nurse might subsequently need sick leave due to the same interaction. Perception is pivotal, especially when considering the effects of conflict on staff.

3. 12 Effects of conflict on staff

According to Barbuto *et al* (2010), there is a relationship between personality, conflict styles and effectiveness. Personality type influences how people deal

with conflict situations. They examined neuroticism, agreeableness, extroversion, openness to experience, conscientiousness, along with the conflict management styles identified by Rahim (1983; ROCI-II). Interestingly, this study, which involved 126 leaders and 624 employees, it revealed that two personality variables showed direct correlation with the ability to integrate conflict management styles: these were agreeableness and openness. Healthcare staff today rarely work in isolation: therefore, team-working can also bring a dimension to add to workplace interactions.

The effects of conflict on staff can be manifold and difficult to capture. Conflict can lead to sickness, absences, turnover (staff leaving one employer to move to another), role ambiguity, stress at home and relationship stress within the work team. Expecting staff to categorically note that the effect is directly related to workplace conflict is difficult, as many categories overlap.

Healthcare today is primarily delivered through staff working within teams; this can lead to many different and competing styles of communicating, with conflict being one of the outcomes. Taylor (1999) describes how managers develop their particular style of management through previous experiences; they might develop role models or note how things were done in their last organisation or department. Furthermore, education might not play a part in developing a staff member's style in dealing with conflict. Taylor (1999) suggests that senior management support is essential to successful conflict management within the workplace. Sometimes its complexity can mean that staff might not talk it over with senior staff, as they might feel inadequate or they might not fully understand the situation themselves. Stanford (2005) cautions that organisations might generate a culture of manager's not managing conflict but escalating even the smallest conflicts; support is not escalation, it isn't 'passing the buck'. Support is standing next to someone or being a counsel or sounding board on decisions. Stanford (2005) discusses solutions that can be helpful to manage, contain and motivate teams, which focus on decision-making together and overcoming conflicts through problem solving. Stanford (2005:236) also lists the positive and negative effects of conflict on staff:

Table 5: Positive and negative outcomes of conflict (Stanford 2005)

Positive effects of conflict	Negative Effects of conflict
Causes problems to surface and be dealt with	Frustrates individuals - builds stress
Clarifies points of view	Reduces cooperation
Stimulates and energises individuals	Destroys trust
Motivates the search for creative alternatives	Diminishes performance and motivation
Provides vivid feedback	Causes lasting damage
Creates increased understanding of individual conflict styles/ provides a mechanism for adjusting relationships.	Communication breaks down/ Breaks up relationships.

Awareness of these effects serves to highlight the tightrope that organisations walk when it comes to conflict in the workplace. It is pivotal to the organisation's culture to implement whole systems approaches to manage conflict, as it affects individuals and this spreads to teams. Subsequently, this must impact on the organisational reputation in the local and national arena.

3. 13 Effects of conflict on organisational function and reputation

The complexity of workplace conflict means that the work environment can be a breeding ground for disruption and viciousness. Conflict cannot be eliminated from the workplace, but if it is allowed to go unmanaged, then organisations must face the challenge of having to rectify the problems that result. These can be increased sickness rates as well as formal grievances or tribunal cases, which are also increasing in their costs for organisations (Morrison 2008; Nowland 2005; Welsh Government 2010).

The Welsh Government document 'Healthy Working Wales' (2014) outlines what most organisations have traditionally done to tackle workplace problems and how they have traditionally failed. It states that organisations have depended too much on implementing policies and training. Introducing both of

these strategies to staff sends messages that the organisation is devolving responsibility and that staff cannot manage conflict, as they require training. The one measure that makes a difference outlined in this report is to 'manage the managers', instilling respect and fairness of approach to managers. (Stanford 2007); thus ensuring that civility is installed as the culture of choice in all areas. Pearson *et al* (2001) have noted that organisations wishing to address conflicts need to heed the lesser forms of inter-personal and organisational mistreatment. This might be termed incivility, which can be determined to be a breach of organisational norms, which are directed by a dominant culture (Pearson *et al* 2001). Most organisations have adopted the Health Service Executive's (2009) *Dignity at Work* policy or versions derived from it. This was a policy set out to manage low-level incivility behaviour in organisations. Pearson *et al* (2001) give an example of such incivility as a manager failing to award public credit to an individual for their work on a project. This is described by some as a "political slight intended to harm," which can be the origin of workplace conflict and can build over time within individuals' perspectives.

3.14 Effects of conflict within healthcare on patient safety

As previously stated, an organisation without conflict is not a desirable place. With conflicting opinions and an exchange of views, better collective outcomes, especially clinically, can be achieved. However, clinical professionals arguing in front of a patient can erode trust and bring into question their capability. Any negative impact of workplace conflict that is felt, seen or experienced by patients is unacceptable (Kelly 2006).

Research undertaken in French Intensive Care Units (ICUs) determined that conflicts had a negative impact on patient safety, patient/family-centred care, team welfare and cohesion, led to staff burnout and had the potential to increase healthcare costs, as staff who were not speaking to each other did not make decisions to discharge or treat effectively (Fassier and Azoulay 2010).

Hendle *et al* (2005) also state that a culture of prioritising patient safety may deteriorate, especially where nurses and physicians are in conflict. Johnson *et al* (2007) note that conflicts between nurses, between nurses and other co-workers and between nurses and doctors are the ones that can cause the most risks to patient safety. Adding to this risky situation is the national restructure and political context, and most healthcare professionals are dealing with regular conflict situations.

The thesis focuses on the effects of unresolved conflict on staff, noting that it can lead to increased turnover and lowered productivity and morale (Valentine 2001). Increases in sickness and absence cannot be directly linked to increases in conflict in the workplace, as there are any number of reasons why people might be off sick. Nowland (2005) identifies the top three reasons for sickness as: musculoskeletal problems, acute medical conditions and stress and mental health issues. We can see that whilst workplace conflict is not named as a reason, it can lead people to suffer stress in the workplace. Bullying in hospitals and other healthcare organisations has been associated with self-reported burnout, psychological and somatic complaints, anxiety, depression, job dissatisfaction, job stress, and the propensity to leave (Quine 1999; Kivimaki *et al* 2000). Whilst all of these effects of conflict can indicate that conflict is occurring, it is noticeable how difficult it is to determine *how much* conflict is occurring and leading to problems in organisations

Organisational problems of poor conflict management are that a 'bullying culture' becomes the norm and the organisation gets a reputation as a poor employer; this can then affect recruitment. Patient care can suffer, as a culture of safety might deteriorate, especially where nurses and physicians might be in conflict (Hendle *et al* 2007). Having a conflict management system that can be utilised to reduce escalation of minor conflicts and also deal with major conflicts could benefit organisations. Helping an organisation to modify the overall effects of conflict, harassment or bullying behaviours before they become commonplace amongst staff is essential. This study will look at a whole systems approach to manage conflict that will help staff in the workplace to determine what might predict or cause conflict and note its

effects on staff. Such an approach can help staff to indicate when to deal with conflict situations and gain support to manage it appropriately at the right time.

3.15 Summary of chapter three.

The need to consider the operational definitions of workplace conflict are essential to ensure that we have understood the complexity of the subject. Exploring the varied conflicts within the literature then helps us build a picture of what staff might be experiencing with Task, power, gender, sexuality age and experience. The overall effects of conflict on staff is considered both positively and negatively outlining the issues. The effects on the organisation and patient safety are also noted. The following chapter addresses the second part of the literature review. This investigates the national context and moves the thesis into the exploration of some of the noted solutions. Solutions that organisations can undertake to reduce and manage the negative effects of conflict.

Chapter Four: Conflict management in the context of the workplace.

In this chapter the national context of this study is explored, investigating organisational change as a result of economic downturns. The context of

team working in the NHS and the introduction of interventions to combat the negative impacts of conflict are also considered. Education and training implications, people's perceptual positions of conflict and mediation will also be elaborated.

4.1 National context.

Within any intervention implemented within an organisation, the local workplace context at the time of the study needs to be considered (Fox and Stallworth 2009). The NHS in Wales commenced a re-structure in 2008, rationalising twenty-two NHS organisations to eight, disbanding the internal market model and giving the money for health provision directly to the organisations that provide care/treatment. The document outlining the changes is 'Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales' (2010). This restructure, along with the factors that have arisen as a consequence of the economic downturn currently facing the NHS in Wales, has meant that organisations have had to make some difficult decisions, such as reducing staffing levels and restructuring service delivery. Restructuring of this kind can lead to feelings of job insecurity and reduced job status (Feather and Rauter 2004) and can be seen across most, if not all, healthcare organisations in Wales. Added pressure for organisations can be seen from the findings of the Francis report (2013) commissioned in the wake of the Mid-Staffordshire Hospital scandal, outlining the poor quality of care, and the subsequent Keogh report (2013), which compounds the clinical pressure and scrutiny at a time when politically-driven financial restrictions are forcing NHS managers to make these difficult decisions. Staff feel threatened and fearful, often struggling and competing for limited resources. This situation will continue for the foreseeable future and organisations need to investigate ways to support front-line staff as they negotiate and resolve the many tensions that result from wider context pressures.

Bowie (2010) suggests that rapid and ruthless organisational change coupled with economic downturn pressure may be a key trigger for managers to translate their experience into bullying behaviour towards their subordinates.

The restructure, plus the economic factors facing the NHS in Wales, meant that organisations had to make difficult decisions to lose staff and alter service delivery. Arnold *et al* (1994) note that often in healthcare there is an overriding feeling of social responsibility, which can seem juxtaposed to market forces and commodities discussions on economy. Andersen (2006) discusses how workload and pace alter in a period of organisational change, which can have a negative impact on performance, health and job satisfaction and may all lead to weakened social relations in the workplace, thus increasing workplace conflict occurrences. When any change occurs, employees can feel uncertainty and ambivalence around their roles; also they can be required to undertake tasks previously outside of their job description, and this can lead to conflict (Andersen 2006).

All of these influencing factors can lead to varied effects of conflict within organisations, teams and individuals. Changes of this magnitude can elicit cognitive and/or emotional frustrations in at least one of the parties within a conflict situation. Some researchers actually assert that this can be accidental or by organisational design, depending on the leadership style exhibited. According to Rafferty (2001), bullying can be used as a management tool: when an organisation needs to downsize or restructure, it can magnify power bases and job insecurity and encourage an atmosphere of corporate bullying. This tactic can be useful to move existing staff, and understanding this and the context of change within the NHS in Wales helps to establish the context, within which any educational intervention is being utilised within an organisation.

The National Health Service (NHS) is one of the largest employers in the world, and the biggest in Europe, with over 1.4 million staff (NHS jobs accessed March 2013). Within such a large workforce, organisational conflict is inevitable due to their public-facing role and their requirement to manage under pressure (Al-Hamden *et al* 2011; Pavlakis *et al* 2011). Conflict can be internal/interpersonal or external; there can also be intra-team conflicts. Poor communication, lack of leadership, overcrowding and insufficient facilities or

resource issues can all lead to workplace conflict, and within the NHS, its own hierarchical structures can also influence it (Pahl *et al* 2008).

Conflict may arise because of mixed-motive interdependencies, conflicts of interest, resource conflict, values conflict, and/or information conflict. De Dreu and Gelfand (2007) determined that these causes could occur within individuals, groups or the organisation itself at the wider levels. In the workplace there is increased pressure to collaborate, adapt and innovate. Globalisation and greater diversity in the workforce through immigration can also lead to conflict (Mohamed and Angell 2004).

Individual personalities, culture, age or position in the organisational hierarchy, gender, union membership and workplace factors such as schedules, workload or shift patterns can all influence organisational conflict (Northam 2009a). Age is noted by Al-Hamden *et al* (2011) as well as Hendle *et al* (2005) as an influencing factor to consider in workplace conflict, while DiRomualdo (2006) notes that there are different issues to consider relating to age, one example being that younger workers can feel sensitive and undervalued by their older colleagues. Position and hierarchy can also be influenced by age: when a younger member of staff gains promotion over an older member, this can lead to divisive conflicts (Northam 2009b).

Gender influences all aspects of conflict from the beginning through to the means of resolution. Northam (2009b) discusses how males can be considered as assertive in conflict situations, whereas female workers can be viewed as passive or aggressive. Kelly (2006) notes the consequences of assuming a passive role as detrimental to female health in the workplace.

There are multiple interventions that are thought to reduce, manage or resolve conflict. Rollinson (2005) summarises these as: stimulating competition; communication; altering organisational structure and bringing in outside individuals. Many researchers in this field discuss the need for management training and negotiator/communication or mediation skills to help with early intervention in workplace conflict (Kelly 2006; Mahon and Nicotera 2011; Milam *et al* 2009; Northam 2009b; Weingart *et al* 2007). This is only felt to be part of the intervention – many managers will require additional help, but

information on what additional help managers might need to help them manage conflict can only come from the managers themselves.

The Royal College of Nursing (RCN 2005) notes the importance of managing conflict skills for nurses as a group of staff, advising that conflict management training is introduced within their programmes to prepare them to become ward managers in the future. Guido *et al* (2012) note that violent language is increasing in the workplace and being experienced by nurses: this language is noted as coming from co-workers and other professional colleagues, with analogies of war and battlegrounds creeping into interpersonal communications. Introducing the communication skills of mediation and communication as the basis for the intervention within this evaluation means that managers would be directly able to initiate conflict management. A skills-based training day that allows staff to gain and practice skills when required, instead of delaying dealing with the conflict, would be beneficial. Delay or avoidance of managing conflict can lead organisations to gain the reputation of having a culture of not caring about their employees.

4.2 Workplace Culture

Conflict in the workplace is an indicator of the culture within that organisation (Ali *et al* 2002; Gallos 2006). Ali *et al* (2002) note also how national and local cultures can influence an organisation.

Power, tasks and role conflicts have previously been discussed, and these can be described as dominant cultures in organisations. Capon (2004) notes how organisations can have dominant cultures, such as a power culture within an entrepreneurial organisation. Role culture can be seen in large organisations that have divisions and structures. Task culture is noticeably found in organisations that serve many varied customers. A person-centred culture is described as one that utilises contractors or professionals who are self-employed to undertake specific services. It is important to understand that organisations have many cultures and that in an organisation such as the one involved in this study, employing 14500 staff, there might be co-existing macro-cultures, subcultures and micro-cultures (Schein 2010). Schein's (1990) view of organisational culture as a concept that staff carry in their

minds is an interesting one. He describes it as a layered phenomenon with three interrelated levels of meaning: (i) basic assumptions; (ii) values and beliefs and (iii) artefacts and creations. Basic assumptions are the basis of which staff are respected, and how and by whom the decisions are made. Values and beliefs of the organisation within this study are noted to be caring, personal responsibility, integrity, kindness and trust. The artefacts and creations are the norms or language, rites and ceremonies, symbols, myths and stories. Costantino and Sickles Merchant (1996) note how some organisations can be viewed as arrogant, looking down on certain classes of organisation where disputes happen. Organisations that design conflict management systems without engaging the workforce can be viewed as having a condescending approach to conflict, which is integral to culture. Gallos (2006) notes the importance of demonstrating how disagreements and conflicts are handled within the artefact layer of culture. Brooks (2006) discusses how common it is to have conflict between subcultures in large organisations, citing the NHS as an example of an organisation where this is widespread. Many authors note conflict as being a key indicator of the culture of an organisation (Cameron and Quinn 1999, Brooks 2006; Gallos 2006; Newman 1996; Rollinson 2005). Cameron and Quinn (1999) go one step further and note that the presence of considerable incongruence in organisations can often stimulate an organisation to change. It creates enough discomfort that staff complain about such things as lack of integration of services, or leadership ambiguities:

Or they bemoan the hypocrisy that they observe when organisational behaviours seem to be incompatible with what they perceived to be the espoused values. (Cameron and Quinn 1999: 64)

This quote demonstrates how listening to staff and noting organisational unrest or conflicting views is pivotal when considering cultures.

4.3 Managing conflict in healthcare

Developing and delivering important and meaningful training programmes is critical to any organisation and its stakeholders. Consequently, it is equally important to measure what impact, if any, these programmes have (Wittington

and Wykes 1996). Within health care organisations across England and Wales, there is a mandatory core skills training framework that outlines what training every health organisation has to provide for its staff (UK Wide Core Skills Training Framework Project; Skills for Health 2013). The subjects that are considered core are: equality; diversity and human rights; fire safety; health, safety and welfare; infection control; moving and handling; and conflict management. Rew and Ferns (2005) note that training can be problematic amongst staff when it is mandated, as they might not come with an attitude of readiness to learn. They may have been 'sent', and might therefore be resistant to the aims of the programme and unreceptive to new knowledge.

As an organisation, the University Health Board, which is the site for this study, had already established education provision in all areas outlined by Skills for Health, with the exception of training in conflict management. Designing a conflict management programme demanded investigation of the literature to see what other organisations were doing and, in November 2012 a 'Conflict Management' training day was introduced. Hales and Hawryluck (2008) favour a single day's communication skills workshop to educate staff in new skills. Their objective for their training was to improve clinical staff's confidence, be interactive and encourage inter-professional discussions. Hales and Hawryluck (2008) had a similar sample size of thirty-six, which was deemed manageable in a single workshop.

For the present study, a similar approach was decided upon. The training was an in-house programme designed to inform staff what workplace conflict was. However, in verbal evaluations, attendees expressed a desire to have a more interactive learning experience. So a skills based approach was explored to demonstrate communication skills using real scenarios that managers experienced and a new model for the training day was initiated. This study was developed when evaluation of this training was required to see if staff's confidence to deal with workplace conflict had increased.

4.4 Educational intervention theories

Conflict in healthcare is increasing, according to the literature (Brinkert 2010). Nurses are the largest workforce within the healthcare system: therefore, if an NHS organisation was going to introduce a conflict management programme, an intervention that helped the managers that manage the teams of nurses might be beneficial. The RCN (2005) introduced guidance for nurses and organisations on what training might cover in the area of conflict management. This is noted to be in three categories: knowledge, skills and personal. Knowledge suggest explanation of some theories and definitions of conflict. The training must also include consideration of the effects of workplace conflict, investigation of the policies, descriptions of reasonable and unreasonable behaviours and explanation of legal frameworks. Within the skills section, there was a need to recognise conflict occurring, noting how to manage it and the role of the manager in supporting the complainant and the perpetrator. The personal section pertains to self-awareness and exploring the meaning of the organisational values (Appendix Four).

Historically, conflict resolution has focused on grievances and ombudsman approaches to resolution (De Dreu and Gelfand 2007). Arguably, the literature is now moving towards a more informal face-to-face approach to resolution, building a capacity in organisations to 'talk things over' (De Dreu and Gelfand 2012).

RCN (2005) guidance covers theories and definitions, policies and frameworks and it also cites skills acquisition, defusing conflict, self-awareness, and focusing on conflict between colleagues. The skills acquisition in this study focused on mediation and self-awareness (Chippis and McRury 2012; Vivar 2006; Dellasega 2009) and the Thomas and Kilmann (1974) Inventory (TKI), which looks at modes of dealing with conflict, allowing the managers to gain self-awareness (Griffiths Whitley *et al* 1996). Nelson and Cox (2003) suggest that allowing managers to note their own style of conflict management can be a good starting point to recognise that there are alternative ways of reacting. Hales and Hawryluck's (2008) evaluation of a communication skills workshop highlighted how useful this workshop had been in helping to grow confidence in the participants. This study utilised a

scenario-based approach with a multi-disciplinary group; the evaluation was pre- and post-intervention and participants' confidence was measured using a Likert scale. The outcomes demonstrated that confidence had increased in the group that had the opportunity to practice their communication skills throughout the workshop.

The concept of organisational conflict management training became popular in the 1970s (Ruben 1976). This can include an array of interventions, from formal communication skills to a briefing sheet for managers to follow to a fully accredited programme that is costly and time consuming. Considerable investigation (Arnold 2000; Beersman and De Dreu 1999; Booij 2007; Miles 2010; and Rahim 2000) has been undertaken by past researchers into the categories and styles of conflict management that managers currently adopt in order to resolve conflict. These styles can be summarised through Al-Hamden's *et al*'s (2011) work, as: Compromising, Collaborating, Avoiding, Accommodating, and Competing (these five styles were first identified by Thomas and Kilmann (1974)). Al-Hamden *et al* (2011) research added to the Thomas and Kilmann's finding with three additional styles: Dominating, Integrating and Obliging.

There is also the consideration that managers have developed their own style of management, even before undertaking any training that an organisation can provide (Handy 1995). This is normally undertaken in practice through experience, and can be difficult to move away from if the style is unhelpful. People fall into patterns of managing. Stewart's (1976) investigation discusses four main patterns. Pattern 1: systems maintenance – here the manager deals daily with exceptions, responding to problems and monitoring performance. Pattern 2: systems administration – this pattern is concerned with accurate processing of information and administration of systems, which usually involves reporting figures by a deadline. Pattern 3: projects, research manager – here the manager deals with long-term tasks of a one-off nature. Pattern 4: mixed general managers – the person in this role might need to use all three patterns outlined above at any one time.

Understanding the work that ward managers within the NHS undertake can also help to determine their motivation to manage conflict. The RCN (2011:4) states that

The ward manager role is often described as pivotal and can be seen as a crucial bridge between what some researchers identify as the 'front stage' (the patient interface) and the 'back stage' (continuity at organisational systems level). As well as being role models, ward sisters play an important part in providing learning and development opportunities to other staff.

Ward managers can manage teams of between twenty and seventy staff, and be in charge of the quality of care for patients in in-patient and community settings as team leaders. These staff are usually paid at band 7 (Agenda for change 2015), which is between £30,764 and £40,558 per year. Within the NHS structure, they would be seen as middle management. Above these roles are the senior or lead nurses, paid between £39,239 and £56,504 (band 8a-b; Agenda for Change). Then, above the senior nurses are the assistant directors and directors (executive roles), who can be paid anything between £100,000 and £240,000 (RCN 2013). Understanding this helps to build a hierarchical picture within which to frame the ward managers, as they have people above them and teams below them. Their teams would be a combination of qualified and unqualified staff on bands ranging from 1 to 6 (Agenda for Change 2015). The ward managers' teams attend to and are in direct contact with patients and members of the public on a daily basis. This description of the role of the ward manager helps organisations to determine the best way to support these post-holders and understand where they fit within the management structure. Having this understanding also helps organisations to target training to this pivotal group, either before people get to be ward managers or once they are actually in the role. Targeting training and education to groups can help the discussion in the classrooms.

McCall and Horwitz's (2004) research into interventions that can help to reduce compensation claims in the workplace demonstrates that employers need to consider shift patterns and employees' gender and age before targeting any training or intervention. They suggest that targeting any

interventions at younger and less experienced employees as early as possible in their career path is a wise organisational consideration. This will ensure that instead of developing a 'one size fits all' conflict resolution training programme, a more tailored approach towards employees can be created, which constitutes more than just a single training day and is more of a whole systems approach. This enables ward managers to get appropriate advice at the point at which conflict occurs.

4.5 Conflict management

Elimination of conflict from an organisation is about as desirable as having too much conflict in an organisation. According to Rahim (2000) the term 'conflict resolution' implies reduction or elimination of conflict. Rahim suggests that 'conflict management' is a more realistic title for any training. This training is required to involve recognition of types of conflict that have negative effects on individuals and group performance, such as sexual harassment or personal attacks.

There are positive types of conflict too. These are disagreements that relate to tasks, policies and other organisational issues. Conflict management should help staff to develop healthy ways to keep these present in organisations.

Organisational members, while interacting with each other, will be required to deal with their disagreements constructively, so understanding styles of conflict management and how to use them is essential for organisations to develop, grow and make decisions. Authors are making the link between conflict style and emotional stress on staff (Coke 2012; Rahim 2000). This would suggest that any whole systems approach to conflict management introduced into an organisation would need to also deal with emotional distress.

As previously discussed, cultural background also has a role to play when managing workplace conflict. Tinsley's (1998) study of Japanese, German and American managers outlines that of the three conflict resolution styles identified in the literature reviewed, German managers preferred the

resolution model of applying regulations to staff in conflict. American managers preferred applying the integrated interests model of resolving conflict, while Japanese managers tended to prefer the model that involved deferring to status and power to resolve the conflict. It is essential to understand the societal culture surrounding managers within a workplace, as well as the direct local context. Tinsley's (1998) study was based on Ury *et al*'s (1983) work on conflict resolution only occurring in three model paradigms. Deferring to power status means that the most powerful person will be the one to determine the end of the dispute and enforce resolution: this could be someone outside of the conflict, who says 'this is how it is going to be resolved'. Underlying the model of applying regulations is the assumption that a universal law governs social interaction. Therefore, all interactions can have a rule to determine who is right and who is wrong and the correct penalties can be awarded.

The 'integrating interests' model focuses on solving the underlying concerns as it strives to get to the core of the problem for both parties and then resolve it (Stanford, 2005). This is where 'trade-offs' and negotiation can be used. This model has to take both parties' interests into the resolution process and is strongly dependent on using mediation for conflict management.

4.6 What is conflict management training?

Conflict management systems and processes within organisations tend to hinge on the advancement of communication skills (Northam 2009a). Therefore, conflict management training tends to focus on communication skills development and enhancement. This is when it is managed broadly, such that managers can access conflict management training whether or not they have workplace conflict in their areas. This means of conflict management training is not targeted, as it is a more mandated form of training.

Conversely, Oore *et al* (2010) call for a more focused approach to conflict management, working with a team who may be in conflict for a fixed period of six months, enabling them to build mechanisms within the team to be able to

address future conflict and manage decision-making disputes. This focused approach to conflict management interventions is also favoured by Weingart *et al* (2007), who note that the workplace is dominated by team-based working: therefore, attempts to resolve a conflict through individuals miss the impact that any conflict often has on teams and colleagues. Beersma and De Dreu (1999) suggest that understanding *how* individuals perceive their standing in the team influences the success or failure of any conflict management intervention. Team developments are clearly seen to be necessary to manage conflict.

4.7 Perceptual positions

Viewing the world from someone else's perspective allows individuals to explore their own impact on the conflict situation and can be key to increase self-awareness. Nelson and Cox (2003) state that often in care settings, the values base of the individual can be at odds with the values base of the organisation, and this can lead to conflict: for example, a family may wish their relative to stay in the institution but the organisation considers that the best long-term care for the patient can be provided in a care home. This can lead to a values-based conflict.

Conflict arises from a clash of perceptions. Scannell (2010) argues that just as two or more employees can have conflicting styles of dealing with situations, they can also hold conflicting perceptions. They may view the same incident in different ways. Scannell goes on to suggest that there is a generational/age gap perception issue. For example, if older staff are being managed by younger managers with different ways of communicating, this introduces age as a factor in conflict. Davy and Ellis (2001) describe an activity called 'the empty chair', which allows participants to explain their concerns to a space or 'empty chair' in safety. The participant can then sit in the empty chair and look back at themselves in their mind's eye to see if they can come up with a different approach to communicating with the other party that might be more beneficial. This activity was seen as useful to promote reflection and self-

awareness. Encouraging self-awareness in staff can be useful, as it can lead to them resolving their own conflicts.

4.8 Mediation education

This voluntary informal process is where two or more parties select a neutral party to assist them in reaching a negotiated settlement (Arnold 2000; Fox and Stallworth 2009). Three types of mediation are routinely used: transformative, facilitative and evaluative. Transformative mediation is used to improve interpersonal relationships between a supervisor and a subordinate. Facilitative mediation is used to combat two peers in dispute; this is usually as a direct result of a complaint. Evaluative mediation is similar to the facilitative approach but can involve monetary damages.

Interestingly Arnold (2000) claims that there is little empirical research on the credibility construct and more on persuasion and attitude change. The trustworthy nature of the mediator is crucial to the success of mediation. This is the ability of the mediator to convey objectivity with no bias. Arnold goes on to claim that mediators perform three functions, namely communication, formulation and manipulation. It is interesting that mediators who understand the dispute more, who may be local managers, would appear to have greater success if the dispute can be resolved early enough. External mediators can therefore be helpful in long complex disputes that have failed internally and locally. In a large organisation, accepting Arnold's assumption, it would be wise to coach and develop mediation skills in managers. Miles (2010) considers that mediation or negotiation can actually be a preference that some people are able to do and others just do not want to engage in. Miles goes further by denoting that 62% of people who purchase a new car will negotiate on the price and that 38% will choose not to. Making similar comparisons with workplace conflict, many people will engage in discussion but others will decide from the outset not to do so. Supplying training or education to these people might not be effective, as they may decide not to use any new skills. Beersma and De Dreu (1999) add to this by observing that someone's individual motivation to resolve conflict is an integral concept to

explore before interventions can be discussed. Understanding whether someone or a group is pro-socially motivated or egoistically (pro-self) motivated helps to anticipate the success or failure of any conflict resolution intervention. Pro-socially motivated groups are defined as groups who are focused on joint negotiation outcomes. Egoistically motivated groups are only focused on their own outcomes.

Understanding workplace mediation and unpicking how to navigate through negotiations means that managers can treat the problem early, which maximises the success of resolution (Miles 2010). One of the assertions as to why people might not enter into negotiation or mediation is the risk of 'losing face': this might suggest that they feel it better to say nothing. It is clear from the literature that individual personality preferences play an important role in conflict management, so when researching organisational interventions, a framework of varied approaches is required to ensure that all preferences can be accommodated (Barbuto *et al* 2010; Beersma and De Dreu 1999; Weingart *et al* 2007; and Arnold 2000).

Barbuto *et al*'s (2010) study of 126 managers and 624 employees uses a personality inventory and a conflict inventory to determine whether certain personality types manage conflict better than others and their research determined that people with high conscientiousness appear to be more effective at managing conflict than people with neuroticism as a personality type. Chung-Yan and Moeller (2010) add to the outcome of this research by noting that the personality types that are most successful at conflict management are those who exhibit problem-solving behaviour and who are actively engaging as well as compromising by nature.

Introducing the basic skills of mediation and/or negotiating to inexperienced managers is not without its risks (All Wales Dignity at Work Policy 2011). Murnighan *et al* (1999) outline the risks as poor communication skills, lack of trust and the potential to make situations worse. However, given the right level of information, managers with basic conflict resolution skills can be very effective in enabling large organisations to manage organisational conflict at

source in a timely manner. Experienced negotiators will always outperform managers with basic skills, but not all conflicts require the formality of an experienced mediator. Faragher (2015) notes that workplace conflict is increasing: therefore, preparing managers with mediation skills can be the 'grown-up' means of handling conflict in business. Faragher (2015) notes that early management of conflict is imperative, especially with senior people in organisations, arguing that if conflict is allowed to continue, it can impede decision-making and damage an organisation.

4.9 Summary of chapter four

There are many variables to factor into workplace conflict. This list outlines some of the factors from the literature: task, power, gender and sexuality, emotion and personal threat, culture, race and ethnicity, age and experience. Additional factors for consideration that can impact and influence workplace conflict are needed. Consideration of the concept of team-based working, time and staff workload are also required. Giving all these factors consideration in a meaningful way in a single day's training for managers does seem a difficult task.

Managers might need to have the effects of conflict mapped out, as well as its effects on sickness, the wellbeing of their staff and the cohesiveness of the teams they might manage.

A single day's training may be seen as 'scratching the surface' of this complex area of organisational theory but it must also be seen in the context of workload pressures and the need to maintain minimum staff establishment in near-patient areas. On the one hand, the organisation is meeting its obligations by providing a mandatory training programme. On the other hand, it may be seen as ticking the 'statutory obligation' box, as no evaluation has ever been done to ascertain the impact, or even the relevance of the day in its real-life context. It is this real-life context of conflict management that will be the focus of this mixed method study.

Chapter Five: Research methods

5.1 Rationale for the Study

So far in this thesis, I have discussed how workplace pressure within the NHS can manifest itself in tension and conflict between staff or between staff and patients and relatives (Bowie 2010; Jones *et al* 2010; Mueller and Tschan 2011). Managing the negative effects of conflict so that it does not harm patients or damage staff relations is essential in the hospital setting, where people are ill and vulnerable. The complete elimination of conflict is unrealistic and some workplace conflict may be required within healthcare to ensure quality improvement. Encouraging people to challenge each other's decisions is essential to drive quality throughout practice, promoting a culture of evidence-based questioning needed to develop practice (Pahl *et al* 2008). However, conflict does require management to minimise possible negative effects, such as burnout and increased sickness (Fox and Stallworth 2009; Dijkstra *et al* 2012). Given the complexity of the subject, an exploratory mixed method approach, as described by Tashakkori and Teddlie (2003) was undertaken. Exploratory research seeks to investigate an area that has been under-researched. The data garnered is often preliminary data that can help shape the direction of future research. According to Cresswell (2014) this approach to mixed method research is typically characterized by an initial phase of quantitative data collection and analysis followed by a second phase of qualitative data collection and analysis. Tashakkori and Teddlie (2003) describe the sequential nature of data collection as being weighted; that is it can have equal weighting or one data collection technique can be more dominant than the other. This study focused more on the qualitative aspects of participants' experiences of conflict and so this was deemed to be the *dominant* data form. The data derived from the questionnaires provided the basis for the more exploratory aspects of the semi-structured interviews and so was *less* dominant.

5.2 Research question

The overarching research question for this study is: "Does a single study on conflict management help ward managers to manage workplace conflict"?

A further question that emerged whilst undertaking the study was:

“How do managers across the organisation experience and make meaning of workplace conflict”?

5.3 Research objectives

- To explore the ‘real-life’ context of conflict management within the organisation considered against a multilevel conceptual model.
- To determine ward managers’ rating of their abilities in managing conflict in the workplace before and after a single day’s skills-based conflict management training.
- To articulate the experiences of participants – ward managers, senior nurses and executives – of conflict within an NHS organisation.
- To ascertain what, if any, improvements need to be made within the organisation to help managers manage conflict.

5.4 Research design

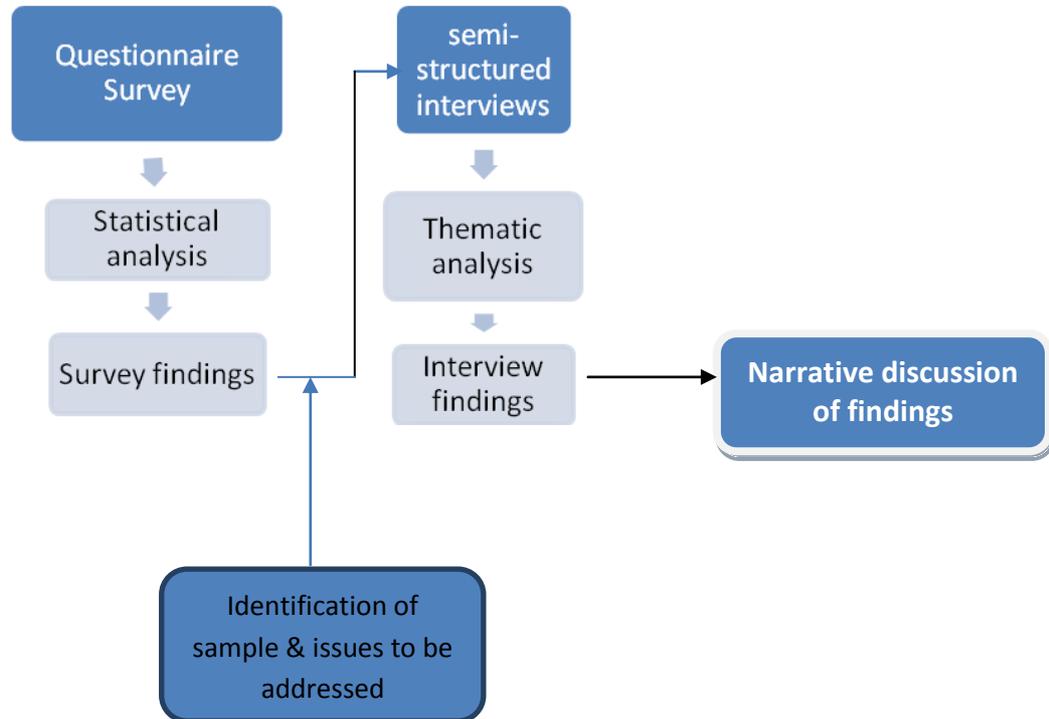
Prior to deciding to utilise a mixed method approach for my research, I did consider alternative approaches such as phenomenology and grounded theory. A phenomenological approach was initially considered, as I originally wanted to investigate only the ‘lived experiences’ of conflict in the workplace. Phenomenology offers a philosophical approach exploring how individuals make sense of their worlds. This was discounted, as I wanted to capture a fuller, more rounded picture that also allowed for the location of participants’ experiences in the context of the organisation at multiple managerial levels.

I worked within the organisation where the study was undertaken and therefore would not be able to eliminate my own preconceptions effectively. What was required was a more varied focus on different levels of managers to enable me to view the subject from a number of standpoints, as well as allowing for exploration of the national context and the period of time in which the research occurred.

The attraction of a mixed exploratory method was that it allowed me to use a quantitative and qualitative approach. I was able to interview managers and the questionnaire was able to generate demographic and statistical data, which was useful for showing impact or otherwise of the study day in the short-term.

Mixed methods research has been described as a methodology for conducting research that involves collecting, analysing, and integrating (or mixing) quantitative and qualitative research methods and data into a single study (Cresswell 2014). Essentially there are two main mixed method typologies; parallel, a design in which two types of data are collected and analysed concurrently; and sequential, where one type of data provides a basis for collection of another type of data. As previously stated, this study was conducted through the implementation of a sequential exploratory mixed-methods approach and that I adopted a 'less-dominant/dominant' data collection strategy (Tashakkori and Teddlie 2003). The quantitative component preceded the qualitative element but it was the qualitative element that provided the more powerful (dominant) data. The rationale for conducting the quantitative element first was based on the assumption that data collected through the initial surveys would be indicative of the key issues and so be used to guide the topic areas covered in the semi-structured interviews. It would also be a method of identifying those respondents who were willing to be interviewed and to share their experiences of managing conflict. The process is summarised below in a flow diagram.

Figure 3: Research flow diagram



Conducting the semi-structured interviews allowed for the exploration of the experiences of the participants, their managers and the executives in the same organisation. This enabled me to place the research in a period of time within a national context and use the multi-level model developed by Klein and Kozlowski (2000), overlaid by De Dreu and Gelfand's Conflict theory (2007), as a basis to offer structure to the thesis.

Utilising a mixed-methods approach to answer the questions posed in order to meet the research aims: Where the overall question was: 'Does a single study on conflict management help ward managers to manage workplace conflict?' Prior to the commencement of the main study, a pilot study was undertaken to ensure the credibility of the data collection tool.

Cabrera (2011) states that a sequential exploratory mixed method design is ideal for explorations of new phenomena. As discussed in the chapter, there is little empirical understanding of the lived experiences of managing workplace conflict and so this approach was seen as being an ideal design for examining the issues surrounding the concept as well as being able to evaluate the impact of the study day on managers' working lives and interactions.

Here is a step-by-step overview of this process, and the findings resulting from each phase of analysis.

1. Designed and piloted the pre/post study day questionnaires
2. Pre study day questionnaire was administered to ward managers prior to attendance.
3. Administration of Thomas Kilmann Inventory
4. Post study day questionnaire administered
5. Analysis of survey data - Wilcoxon statistical test, used to form a comparison.
6. Selection of participants for interview
7. Interviews of 8 managers.
8. Analysis of transcripts
9. Thematic analysis using Ritchie & Lewis' framework

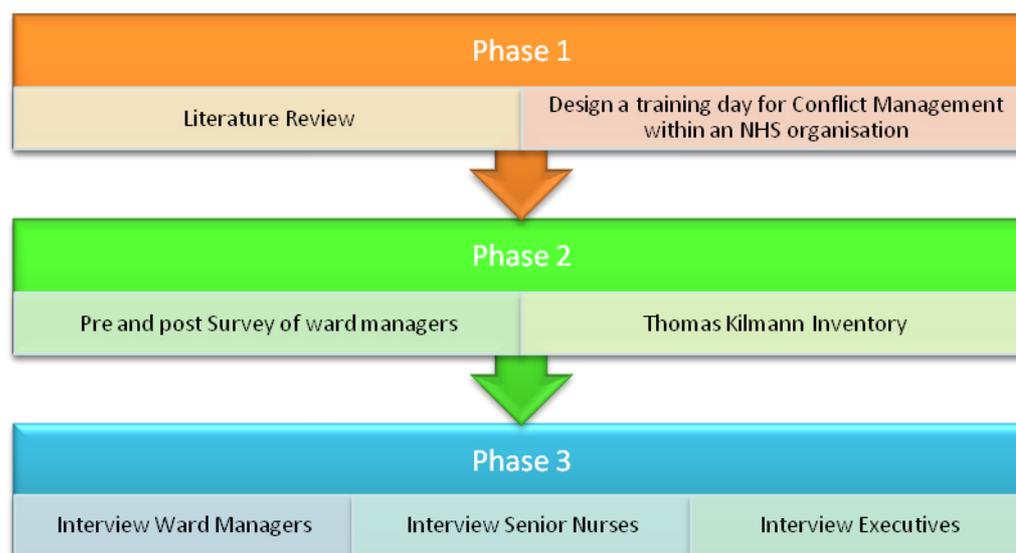
I designed the questionnaire, but incorporated a validated tool within it. This tool, the Thomas and Kilmann Inventory (1974), was included as part of the quantitative data as it was routinely administered to staff who attended the organisation's study days on workplace conflict. It was seen as a valuable source of data as it allowed the individual participants' style of conflict management to be identified and provided useful information as to how their style can be both a positive and negative factor depending on circumstances. The style or modes identified by the TKI are dependent variables which can be manipulated and measured through educational and experiential workshops (independent variable). Further detail regarding the Thomas Kilmann Inventory can be found in section 5.6.1

Analysis of the quantitative data was undertaken using descriptive statistics. Successful surveys hinge on the design of the questionnaire (Fowler 1993). It was therefore imperative to undertake a pilot study to improve the questionnaire design. The study day was an in-house training programme, designed by organisational psychologists, the Human Resources Department, Learning and Education trainers and myself. In order to distance myself from

the prospective participants, I did not take part in the delivery of the training day (see Appendix two for timetable).

The semi-structured interviews with the participants, identifying and exploring the themes that emerged from participants' stories of conflict in the workplace. The study sample was drawn from the cohort of participants who attended the study day – thirty-six in total. There were four ward managers, two senior managers and two executives from the organisation.

Figure 4. Phases of the research study



5.5 The study sample.

Within the NHS organisation utilised for this study, 286 of the ward managers are nurses. Thirty-six of them attended the training day and participated in the study; it is this cohort that formed the focus for the survey. Ward Managers (WM) either self-selected to attend the programme or were nominated by HR. This group provided the data for phase 2 of the study and were a purposeful sample of thirty-six.

The sample for phase three constituted four ward managers who had attended the conflict management training, two of their senior nurse (SN)

managers and two executives (EX) from the same organisation. This was again a purposeful sample. Ward Managers (WM), in this research study, oversees clinical environments and hold governance responsibility for staff and patients. Clinical environments could include outpatients or in-patient bedded areas. They manage a staff group of qualified and unqualified staff in teams of between eighteen and thirty-six staff. All WM were female and were at band seven on the Agenda for Change pay scale 7 (AfC 2015).

Senior Nurses (SN) in the study are considered senior managers who oversee Ward Managers. They can usually manage between five and ten Ward Managers or clinical teams. These are managers who would be on the Agenda for Change (AfC 2015) pay scale at 8a-8b, and both SN who participated in this study were female. The Senior Nurses hold governance responsibility for wider clinical areas than Ward Managers and are usually responsible for many more staff. The Executives (EX) were members of the Executive Board within the NHS organisation. Collectively, they hold governance responsibility across the whole organisation, employing 14,500 staff. Their pay is above the Agenda for Change (AfC 2015) pay scale. One was male and one was female.

5.6 Data collection and analysis

There are four strands to the data collection and analysis.

- i. A comprehensive literature review, based on the wider literature of conflict management within the NHS (phase one)
- ii. The Thomas and Kilmann conflict inventory was administered during the study day (phase two)
- iii. Questionnaire surveys of the participants attending the study day were conducted before and after the attendance (Appendix Three). The survey had three sections, as set out in Appendix Five (Phase Two)
- iv. Semi-structured interviews were conducted with participants who volunteered to participate following the study day. Initially four WM were interviewed (phase three). Then two of their line-managers (SN) and two organisational executives were also interviewed.

5.6.1 The Thomas and Kilmann Inventory

The Thomas and Kilmann inventory (1974) tool is a self-assessment questionnaire that assesses an individual's mode of managing conflict. It was used as the theoretical structure for the training day. The model defines conflict as 'those situations where the concerns of two people appear incompatible'. Whilst researchers have built on this model (Al-Hamden *et al* 2011) and Rahim 1983 and 2000 for examples) and developed their own models and thinking, the TKI was, arguably, the original validated tool therefore it forms a good basis to build a conflict management day upon this as a foundation that formed other models this started the process.

In conflict situations, Thomas and Kilmann describe a person's behaviour along two basic dimensions:

- *Assertiveness*: the extent to which the individual attempts to satisfy his or her own concerns.
- *Cooperativeness*: the extent to which the individual attempts to satisfy the other person's concerns.

These two dimensions of behaviour can be used to define five methods of dealing with conflict. The five conflict handling modes are:

1. Competing - where an individual pursues their own concerns at other people's expense. This is a power-oriented mode in which whatever power seems appropriate to win is used, such as the ability to argue, rank or economic sanctions. Competing means 'standing up for one's rights', defending a position which is believed to be correct or simply trying to win.

2. Accommodating - the opposite of competing. When accommodating, the individual neglects their own concerns to satisfy the concerns of the other person; there is an element of self-sacrifice in this mode. Accommodating might take the form of selfless generosity or charity, obeying another person's orders or yielding to another's point of view.

3. Avoiding - the person neither pursues his own concerns nor those of the other individual and so does not deal with the conflict. Avoiding might take the form of diplomatically sidestepping an issue, postponing an issue until a better time or simply withdrawing from a threatening situation.

4. Collaborating - the opposite of avoiding. Collaborating involves an attempt to work with others to find some solution that fully satisfies their concerns. It means digging into an issue to pinpoint the underlying needs and wants of all those involved.

5. Compromising - the objective is to find some expedient, mutually acceptable solution that partially satisfies both parties. It falls between competing and accommodating and, in some situations, compromising might mean splitting the difference between the two positions, exchanging concessions or seeking a quick middle-ground solution.

Figure 5. Dimensions of the Thomas Kilmann Inventory



Each of the five modes has its benefits and its pitfalls in practice. The purpose of using this model is that it outlines to staff that there are many ways to deal with conflict and all of these skills are necessary. It may be that staff are overusing one method and need to practice an alternative method of dealing with conflict situations. Study day participants all completed the TKI and their mode or style of dealing with conflict was reported within the post-study day questionnaire (Thomas and Kilmann 1974).

5.6.2 The questionnaires

Two questionnaires were administered, one prior to the study day and one afterwards (CMSPCQ1 and CMSPCQ2). Prior to commencement of the study day, the participants were invited to undertake a pre-intervention questionnaire (CMSPCQ1). One month after the study day, they undertook a post-intervention questionnaire (CMSPCQ2). During the study day, they completed the Thomas and Kilmann (1974) inventory.

The questionnaires were analysed in three sections. Section one noted the participants' demographic data: there were eight questions in this section (seven of these questions were only asked on the CMSPCQ1). Gender was the only demographic question that was asked on both the pre- and post-intervention questionnaires. Section two contained the four questions that were to measure any difference between the pre- and post-intervention questionnaires. Section three contained the five questions that were only asked on the post questionnaire. Participants were given an information sheet outlining all elements of the study (Appendix four).

5.6.3 Outcomes of the pilot study

A pilot study was undertaken with twenty-three line-managers (with varied professional backgrounds) within the organisation, which led to three changes on the pre- and post-study-day questionnaire. The Likert scale was amended from a four-point to a five-point scale, adding a midpoint rating of three. A final question was added to allow participants to note additional factors that they thought contributed to workplace conflict. This questionnaire generated qualitative data that was very insightful and informed the semi-structured interview schedule. Participants were keen to describe an incident to highlight their experience of workplace conflict. They would then discuss how they dealt with it, and note the inevitability of future conflicts occurring.

5.6.4 Statistical test utilised

The study's quantitative data comprised of nominal and ordinal variables. Nominal data presented the demographic information of participants and is

displayed using tables and pie charts. Ordinal data were collected through Likert scale items with five points to indicate the degree of agreement with a statement; the Likert scale questions were repeated in the post-intervention questionnaire to establish if there was any difference in the responses. In order to ascertain this, a Wilcoxon Signed Rank Sum Test (WSRST) was used. Heavey (2010) states that WSRST requires that the populations be paired, for example, in this study the same group of people were tested on two different occasions and measured on the effects of each and were then compared. If the samples were independent of each other, then a Wilcoxon Rank Sum Test (WRST), also called the Mann-Whitney-Wilcoxon Test, would have been appropriate. The four (dependent) variables which were measured using the Likert Scale were: (i) confidence in participants' skill to manage conflict within their teams; (ii) knowledge and skills of conflict management styles; (iii) ability to see conflict from others' perspective and; (iv) knowledge of mediation skills. The intervention (the study day) was the independent variable.

Wilcoxon's Signed Rank test is one of the more powerful of the non-parametric statistical tests available for ordinal data. The non-parametric tool was used because the number of parameters grows with the amount of training data. Black (1999) argues that with ordinal data parametric or non-parametric tests can be utilized, however, in healthcare education literature, there has been a long-standing debate regarding whether ordinal data, converted to numbers, can be treated as interval data (Carifio and Perla 2008) In other words, can means, standard deviations and parametric statistics, which depend upon normally distributed data be used to analyse ordinal data?

Parametric tests assume that the underlying population from which the data has been obtained is normally distributed. Nonparametric tests do not make this assumption about the "shape" of the population from which the study data have been drawn. However nonparametric tests are less powerful than parametric tests and usually require a larger sample size to have the same power as parametric tests to find a difference between groups when a difference actually exists.

According to Sullivan and Artino (2013) descriptive statistics, such as means and standard deviations, have unclear meanings when applied to Likert scale responses. For example, in the questionnaire utilised in this study, respondents chose from a five point numeric scale. The scale endpoints (anchors) were 'not good at all' (point one) to 'excellent' (point five). However, there were no labels by which points two, three and four were described, which can be problematic as respondents were making a subjective judgments and establishing a 'mean' response of '4', for example, does not tell us how *far away* that point is from the anchor point; only that it is higher than three and lower than 5. Additionally, if responses are clustered at the high and low extremes, the mean may appear to be the neutral or middle response, but this may not fairly characterize the data. Because of these observations, some statisticians have argued that the median should be used as the measure of central tendency for Likert scale data (Carifio and Perla 2008).

Jamieson (2004) illustrates the tension; some statisticians contend that frequencies, contingency tables, χ^2 tests, the Spearman rho assessment, Wilcoxon sign rank test or the Mann-Whitney U test should be used for analysis instead of parametric tests which require interval data (eg, t tests, analysis of variance, Pearson correlations, regression). However, other statisticians assert that if there is an adequate sample size (at least 5–10 observations per group) and if the data are normally distributed (or nearly normal), parametric tests can be used with Likert scale ordinal data. Norman (2010), on the other hand, asserts that parametric tests should be used with ordinal data even if the data violate the statistical assumption of a normal distribution.

This presented a conundrum as far as the quantitative data were concerned; parametric tests, such as a paired t -test, can be used to analyse Likert scale responses but mean values can be of limited value unless the data follow a classic normal distribution.

A test for normality can be ran using SPSS but the data when viewed as a

frequency chart suggested that the distribution, at best, was negatively skewed and the 'peakedness' of the distribution (kurtosis) was low. Also, as the data in this study was subjective (self-assessed) and not related to each other, a non-parametric test was deemed the most appropriate. Wilcoxon signed rank sum can be used best for data samples that are matched such as a pre and posttest to the sample (Yan 2015).

There were four questions within the pre- and post-questionnaires to which statistical analysis could be applied to the variables. These questions related to the participants' self-rated confidence using a five-point Likert-type scale. The Likert scale is a favoured confidence rating utilised to assess participants' self-assessment (Guidoz *et al* 2012). The scale used in this study is not a 'true' Likert type as it only had labels attached to the end response anchors with the remaining options being ordered numbers two, three and four. This makes it a discrete visual analogue scale (DVAS) of a Likert scale is a variant.

5.6.5 Semi-structured interviews

Fifteen ward managers were contacted to undertake an interview following the study day, as they had all indicated that they were happy to participate in the interview section of the study. Of these, four were eventually interviewed; two had originally agreed but contacted me by phone and explained that they had decided not to take part because:

"I am currently going through conflict and it is painful and would rather not discuss it."

"I have just finished with all of that and do not want to revisit it; besides, I do not know who will read your end piece of research."

I asked if I could include these responses and both participants agreed. None of the others responded. Of the four WM who were interviewed, two became distressed and cried during the interviews. Both were put in contact with employee wellbeing services. These participants both stated that they had wanted to come and speak to me because they had had such a traumatic time through their experiences of workplace conflict and wanted to share

these experiences. The interviews were a cathartic process for these participants.

The interviews took between forty-five minutes and one hour and were all undertaken out of the participants' workplace. The four areas in which the WM worked were:-

- Mental Health
- Theatres
- Recovery
- Outpatients

Two SNs were asked to participate in the study, as they managed the WMs who were already involved. Then two EX were asked to participate; all gave written consent (see Appendix Seven for consent form).

5.6.6 Data management and presentation

The research design is a case study, within which both qualitative and quantitative data can be analysed using a pragmatic paradigm. The semi-structured interview data was analysed using a thematic analysis. Whilst a generic qualitative thematic approach was undertaken, Ritchie and Lewis's (2003) framework was used to structure the emerging themes. This produced data that is presented in tables under theme headings and displayed as individual story sections. Within this framework, Smith and Firth's (2011) analytical stages were followed.

Many themes overlapped, and to keep the participants' narratives in context, the overlap were made overt in the thematic groups of the transcribed interviews. More detail on how data were analysed is given in Chapter Seven.

5.7. Ethical considerations

The University Health Board Research and Development (R&D) department reviewed the proposal and indicated that they deemed this project as not requiring NHS ethical approval. Therefore this proposal was given a favourable scientific and ethical review opinion and approval through Cardiff University's School of Nursing & Midwifery Studies Research Ethics

Committee (Appendix six). Pseudonyms have been given to the participants and any individuals that they have discussed in the interview, so that anonymity can be ensured

5.7.1 Consent

The consent process occurred in two stages. The first stage was when participants were contacted about attending the training day along with the venue and time. They were then, if they demonstrated an interest, e-mailed information about the study. At this point, they were asked if they were willing to participate in the questionnaire study. They were requested to provide signed consent forms, which they handed in on the study day (Appendix seven).

The second stage of consent was undertaken through e-mail following the study day. The participants were written to and asked if they would take part in a semi-structured interview. Participants were seen individually and the study explained, and further written consent was gained prior to the interview commencing. The interviews were recorded and transcribed, and all names mentioned were made anonymous in the transcribed text. Participants were informed that the data would be utilised in a professional doctorate study. In order to comply with the Data Protection Act (2003), all transcripts were made anonymous and the questionnaires did not allow for the identification of any individuals. Questionnaires and transcripts remain stored securely on a password-protected computer on the university's secure server. As sponsor, the University will ensure that data are kept for ten years after the study is completed. A study information form was developed outlining the elements of the study. The study consent form also considered all elements of the study and was completed by participants who attended the study day. Both forms adhered to the guidance from the National Research Ethics Service (NRES, Accessed May 3rd 2013).

5.8 Supporting participants through the study

It is recognised that recalling incidents of conflict can be traumatic and may cause stress within participants during the workshop or in subsequent interviews. All participants were offered wellbeing counselling if required. The

contact numbers were shared and the Employee Wellbeing Service (EWS) within the NHS organisation agreed to support participants if needed following the study. A clinical organisational psychologist was also present on the conflict management day in case any activity on the day initiated participant recall of painful memories of workplace conflict. If participants disclosed poor professional practice within the clinical area that put patients at risk, then this would require reporting to line management within the organisation (NMC 2015). If participants needed to withdraw from the study, they were told about the support of the EWS to ensure that they were supported to return back to work. Participants would have been offered a one-to-one counselling session with the University Health Board's (UHB) Employee Wellbeing Service. Participants were also informed that they could withdraw from the study at any time.

5.9 Summary of chapter five

As a pragmatic paradigm was necessary to achieve the research aims, a mixed method study approach was chosen. Mixed method design allows the exploration of a topic through qualitative and quantitative methods. Initially, a pilot study was undertaken to ensure the credibility of the pre- and post-intervention questionnaires. This was subsequently analysed and changes made where necessary. There were three phases to the main study, phase one encapsulated a literature search to design the conflict management single training day; phase two was the administration of questionnaires (pre- and post-intervention and the Thomas and Kilmann Conflict Mode Instrument). The third phase involved undertaking semi-structured interviews with participants in the training day, their managers and senior executives (board members). The quantitative data (questionnaires) was scrutinised using Wilcoxon's signed rank test and descriptive statistical analysis. The qualitative data gained from the semi-structured interviews was examined using thematic analysis.

Chapter Six: Analysis of results

The results chapter is divided into two sections: the first presents the analysis of the quantitative data generated by the questionnaire and the second presents the qualitative data generated by the open questions in the questionnaire and the semi-structured interviews with eight participants.

6.1 Quantitative results.

The quantitative results are divided into three sections. The first section outlines the demographic data generated in the first section of the pre-intervention questionnaire. The second section included five questions, which are compared across the pre- and post-intervention questionnaires. The third section analyses questions that were only asked in the post-intervention questionnaire. There were thirty-six participants on the single study day, many of whom described themselves using varied terminology. All participants were Band 7 WM staff within the healthcare setting. Within some settings, this can be termed 'supervisor' or 'senior manager'. Dividing the titles used by participants into these four headings provides the opportunity to see how the participants view their own titles, as the term 'ward manager' might not be used in theatres an

6. 2 Section One: Questionnaire results

Table 6:- Participants' indicated management level.

Management level	Male	Female	Total
Deputy	0	2	2
Middle	4	17	21
Senior	1	7	8
Supervisor	3	2	5
Grand Total	8	28	36

Within the group, there were twenty-one managers who described themselves as middle managers and eight who described themselves as senior managers.

Table 7:- Hours worked per week by participants against their gender

Hours worked	Female	Male
24	1	
30	1	
32	2	
33	1	
35	1	
37.5	22	7
40		1
Grand Total	28	8

Table 8:- Age and gender of participants

Age	Female	Male	Grand Total
20-30	1	1	2
31-40	6	5	11
41-50	7	2	9
over 50	14		14
Grand Total	28	8	36

Table 9: The gender and years experience as a manager.

People line managed by participants	Total Number
10 or below	17
12-28	12
30-60	6
160	1
Grand total	36

Table 10: Number of staff that participants line managed

Years' experience	Female	Male	Grand Total
0-5 years	9	6	15
6-10 years	10	1	11
11 years and over	9	1	10
Grand Total	28	8	36

The mean number of staff that were managed by participants was 19.8. If, however, we discount the one participant who indicated that they line managed 160 staff, this number would reduce to 15.8.

Table 11: Participants who had experienced conflict in the workplace

Experienced conflict in the workplace	Participants
Y	34
N	1
U	1
Grand total	36

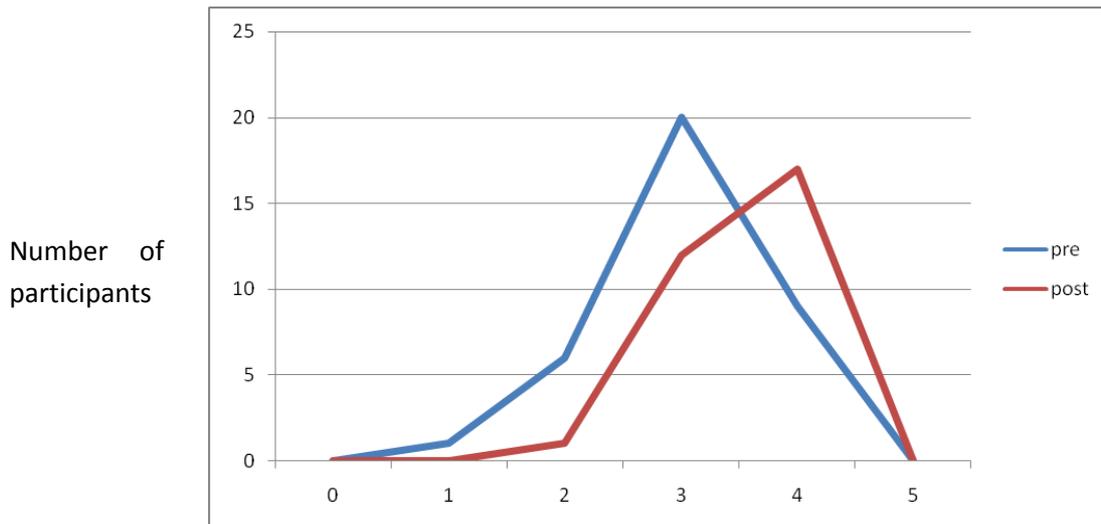
Table 12: Past training on conflict management or resolution.

Attended training on conflict in the past	Participants
Y	10
N	25
U	1
Grand total	36

6.3 Section 2: Descriptive statistical analysis

In this section, four questions were used to compare the participants' confidence before and after the training. The sample size of participants was thirty-six pre-training; the sample size post-training was thirty, as only thirty participants returned the questionnaire four weeks post-training.

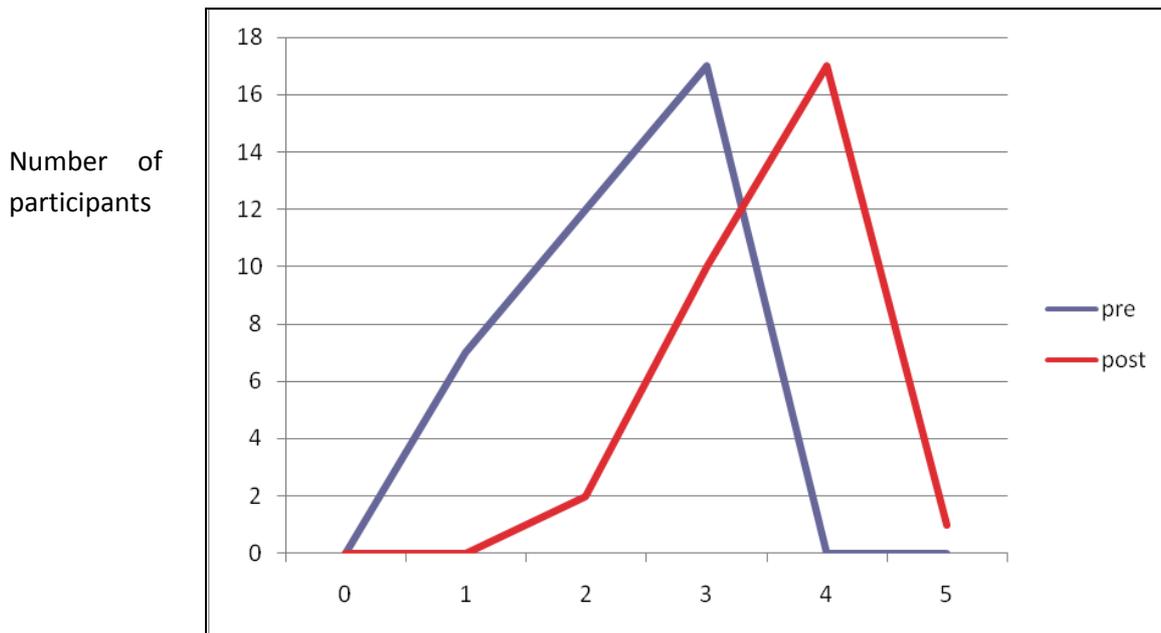
Chart 1:- Participants' ratings of their confidence in their skill to manage conflict within their teams pre and post the training day.



Likert confidence rating: 1 = not confident; 5 = very confident

Chart 1 illustrates participants' responses on a Likert scale of 1-5, with 1 indicating no confidence in their own knowledge and skill and 5 indicating that participants are very confident in their knowledge and skill of managing conflict in their teams currently. There is a noticeable increase in confidence in the post-training group: fifteen participants' confidence has increased from a rating of 3 to 4.

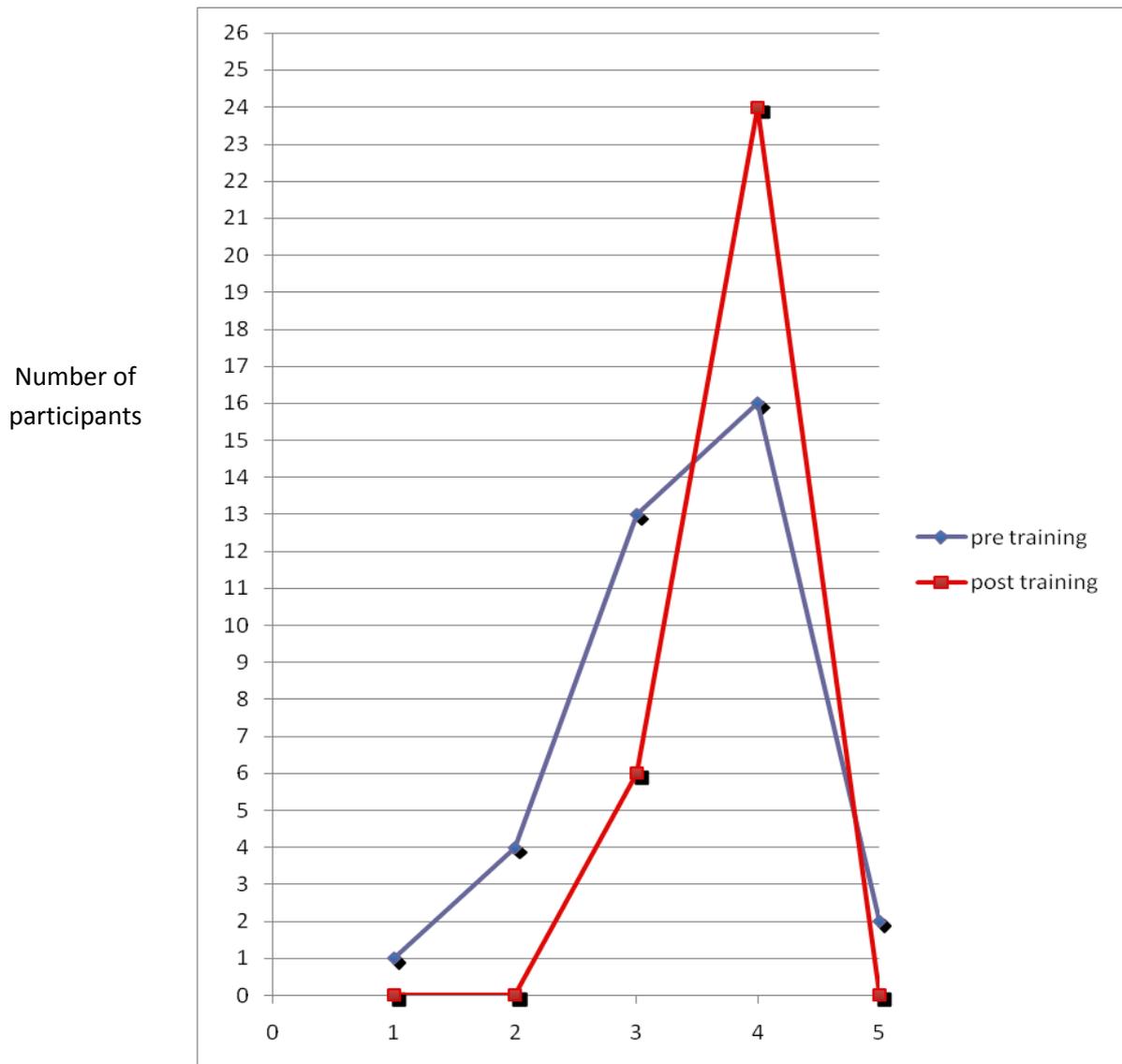
Chart 2:- Participants' ratings of their knowledge and skills of conflict management styles pre and post the training day.



Likert confidence rating; 1 = not confident; 5 = very confident

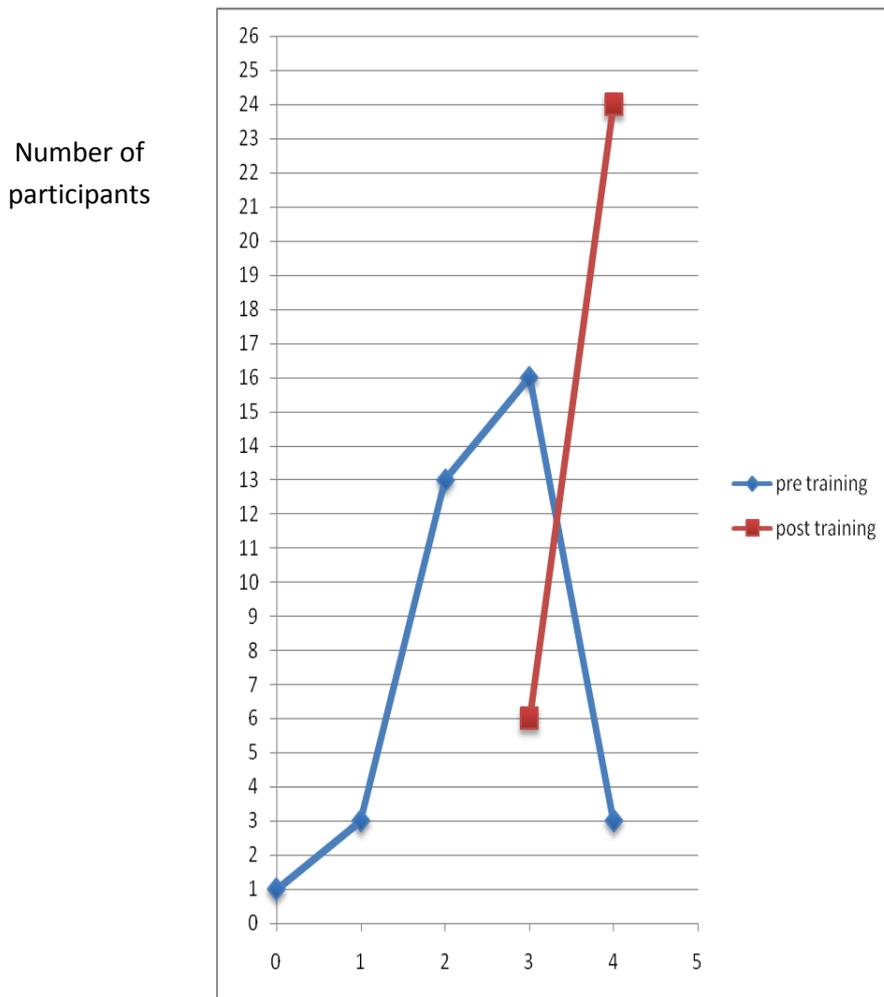
Four weeks after the training day, the participants were asked to rate their knowledge and skills in conflict management styles. This line chart demonstrates that seventeen participants had increased their self-rating from a score of 3 to 4, with one group member reporting a confidence rating of 5. This line diagram demonstrates that the mid-range ratings had also moved up by one point.

Chart 3:- Participants' ability to see conflict from others' perspective, pre- and post the training day



Likert confidence rating: 1 = not confident; 5 = very confident

Chart 3 demonstrates the participants' ability to see conflict from others' perspective. This chart demonstrates a shift in the participants' thinking, with sixteen giving themselves a score of 4 before the training and twenty-four doing so post-training. Two participants rated themselves as having a confidence rating of 5 pre-training, but post-training, no one rated themselves as a 5.

Chart 4:- Knowledge of mediation skills pre and post training.

Likert confidence rating: 1 = not confident; 5 = very confident

In chart 4, the participants had varied self-rating scores of their confidence in their own mediation skills prior to the training, with sixteen participants rating their confidence at 3. Post-training, twenty-four participants rated their confidence in their own knowledge of mediation skills at 4.

The final question in this comparison section asked participants whether they saw the benefit in managing conflict early within the workplace. In both the pre-intervention and the post-intervention questionnaire, all participants answered 'yes'.

6.3.1 Statistical analysis

Statistical analysis of the data from these five questions demonstrated that the participants' confidence had increased.

Table 13 outlines the results of the Wilcoxon signed rank test on the four questions that were asked before and after training.

Table 13: Statistical results from the pre and post-training day questionnaire

	Percentiles		
	25 th	50th (Median)	75 th
Pre Skills to manage	3.000	3.000	4.000
Pre Conflict style	2.000	2.500	3.000
Pre Perspective	3.000	3.000	4.000
Pre Mediation	2.000	2.500	3.000
Pre Early management	1.000	1.000	1.000
Post Skills to manage	3.000	4.000	4.000
Post Conflict style	3.000	4.000	4.000
Post Perspective	4.000	4.000	4.000
Post Mediation	3.000	4.000	4.000
Post Early management	1.000	1.000	1.000

Table 14: Statistical significant rating for each of the four questions.

Variable	Pre Range	Pre Mean	Pre Median	Post Range	Post Mean	Post Median	P-value
Confidence and skills to manage conflict	3	3.03	3.00	1	3.53	4.00	.002
Conflict style	2	2.33	2.50	3	3.63	4.00	.000
Viewing from another perspective	4	3.27	3.00	1	3.87	4.00	.002
Understanding of mediation skills	3	2.47	2.50	2	3.53	4.00	.000

6.4 Section three: questionnaire results asked only on post-intervention questionnaire

In this section, the remaining three questions, which were asked only on the post-training questionnaire (CMSPCQ2), are analysed.

Chart 5: Conflict management styles

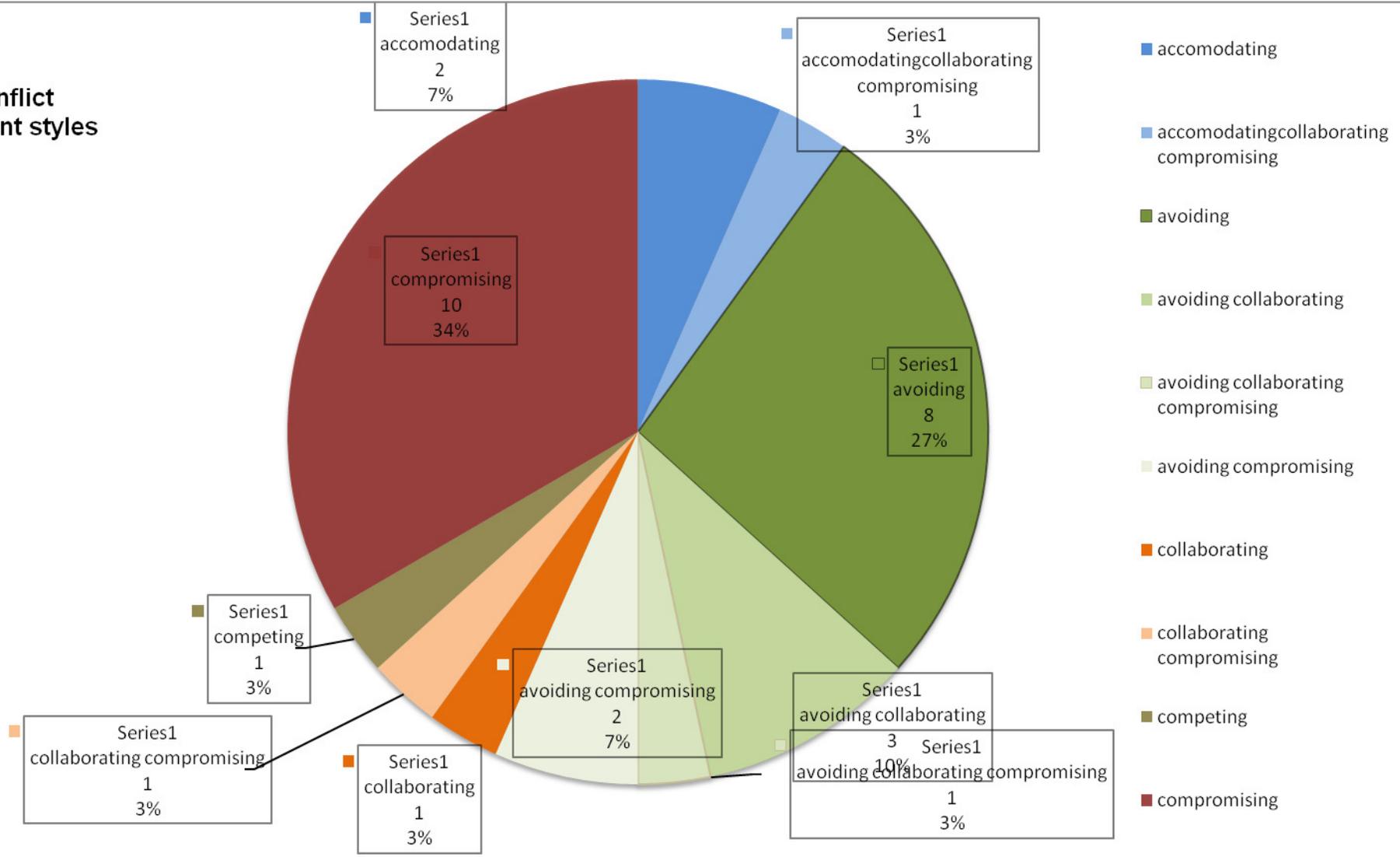


Chart 5 demonstrates that the participants mostly demonstrated the avoiding and compromising styles of managing conflict; the third most frequently occurring conflict management style was accommodating. The least frequently occurring managing conflict style was competing, reported by only one participant. Table 15 outlines the numbers of participants who rated themselves using the Thomas and Kilmann Inventory. Some participants had equally high ratings in two or more of the conflict styles. This result highlights that the group were generally not happy addressing conflict and usually steered towards a compromise situation or to avoidance. This is similar to the results noted by Morrison (2008), who described nurses in wards as using the conflict management style of avoidance as a primary strategy to manage conflict (Vivar 2006).

Table 15: Thomas and Kilmann conflict styles ratings

Thomas and Kilmann Inventory	Female	Male	Total
Accommodating	1	1	2
Accommodating Collaborating Compromising	1	0	1
Avoiding	5	3	8
Avoiding collaborating	2	1	3
Avoiding collaborating compromising	2	1	3
Collaborating	1	0	1
Collaborating compromising	1	0	1
Competing	1	0	1
Compromising	8	2	10
Grand Total	22	8	30

Table 16: Whether participants felt it was useful to understand their preferred conflict management style.

Understanding style of management	preferred conflict	Participants
Yes		26
No		3
Unsure		1
Grand Total		30

All participants were asked if they could see the benefit of managing conflict early. All thirty-six participants who completed the pre-intervention questionnaire and all thirty who completed the post-intervention questionnaire answered 'yes' to this question. This was a poor question that was not picked up through the pilot testing of the questionnaire.

Table 17: Participants' confidence in dealing with future workplace conflict

Confidence to manage workplace conflict in future	Participants
1	0
2	0
3	9
4	19
5	2
Grand total	30

A Likert scale rating was utilised here to note the participants' confidence, with a rating of 1 indicating 'no confidence' and 5 indicating 'very confident'. Nineteen of the group indicated a rating of 4, which suggests significant confidence. There was no verbal wording attached to the mid-point rating of 3.

There were comments sections on both questionnaires on various questions. The following section presents some of the comments provided by the participants.

6.4.1 Pre-intervention questionnaire: open comments

The participants' questionnaires were numbered for analysis.

P = participant

P3: 'Increased staffing reduced work pressure.'

P7: 'Enabling some control in decision-making.'

P7: 'Never worked with mediation before.'

P13: 'Good team development and communication skills within the team.'

P22: 'Staff feeling valued and equal.'

P24: 'Full establishment and more choice of work allocation.'

P26: 'Understanding of others' personality types, like MBTI is one example, having a shared vision and an aim. Better communication, both top down and in the department.'

P28: 'Even though I have not had much training, conflict management has been a constant theme over the last 3 years, so I have had plenty of practice.' Culture respect for each other everyone feeling valued and proud to be working where they are.

P29: 'The over use of e-communication, and its misinterpretation.'

P30: 'Good communication and staff engagement.'

P31: 'Being in the situation actually shows you how to deal with it.'

6.4.2 Post-intervention questionnaire: open comments

P2: 'confirmed that I have natural conflict resolving skills by backing it up with actual theory.'

P4: 'I do not agree with the style indicated as being my preferred style.'

P7: 'to know where improvements can be made.'

P10: 'Made me more aware.'

P 11: 'Aware of different styles and how it is OK to move from one to the other.'

P14: 'To see how I deal with situations.'

P26: 'Interesting but not sure that knowing my management style would change how I manage conflict.'

P27 'Increase my own understanding.'

P28: 'to understand my job role.'

P30 'Though I don't agree that I am avoiding.'

6.5 Summary of the questionnaire results

The Ward Managers that attended the single study day were varied in their years of experience, with fifteen of them having 0-5 years' experience and twenty-one having between 6 and over 11 years' experience of management. Of the thirty-six participants, eight were males and twenty-eight were female. Twenty-nine worked full-time and they managed varied numbers of staff. The mean number of staff managed was 19.8 individuals. Twenty-one described their roles as middle managers and eight described themselves as senior managers. Ten had prior conflict management training. The age range of the group was 31-50. Thirty-four indicated that they had experienced conflict in the workplace, with only one indicating that they had never experienced it and one indicating they were unsure.

The results of the comparison questions showed that staff increased their confidence ratings in four different areas after the training. The first area was within their own skills at managing conflict, with fifteen participants increasing their confidence rating from 3 to 4 on the Likert self-assessment scale. The second area was their knowledge of different styles of conflict management, in which seventeen participants increased their rating from 3 to 4, with one indicating in the post that their confidence had moved to a rating of 5. The third area to alter was individuals' ability to see conflict situations from others' perspective. Prior to the intervention, sixteen participants rated themselves as

4, but following the intervention, this increased to twenty-four participants. Before the intervention, sixteen participants gave themselves a rating of 3 for mediation skills, but in the post questionnaire this increased to 24 participants. These increases were all noted to be significant using the Wilcoxon test for non-parametric data.

Finally, the post-intervention questionnaire asked three questions that were not on the pre-intervention questionnaire. These questions pertained to conflict management styles and future confidence. Participants were asked to note their conflict management style after they had completed the Thomas and Kilmann (1974) questionnaire during the day. The Thomas and Kilmann questionnaire is a validated tool that asks thirty scenario-based questions. Participants have to answer either A or B, and examples of two of the questions are noted here:-

- “21 A. In approaching negotiations, I try to be considerate of the other person’s wishes.
 B. I always lean toward a direct discussion of the problem.
- 22 A. I try to find a position that is intermediate between his/hers and mine.
 B. I assert my wishes.”

After answering thirty questions, a small calculation is undertaken which allows the participant to understand if they have a tendency to manage conflict using one or a number of different management styles. The five management styles outlined in Thomas and Kilmann’s questionnaire are competing, collaborating, compromising, avoiding and/or accommodating. Within this study, ten participants outlined compromising as their leading scoring style; eight indicating that avoiding was their most indicated style; six indicated a collaborating style and one participant indicated a competing style.

Of the thirty participants who returned the post-intervention questionnaire, twenty-six indicated that it was useful to understand their own preferred style. The final question, which was only asked on the post-intervention questionnaire, required participants to rate their confidence in dealing with

future workplace conflict. Thirty of the participants rated their confidence as being between 3 and 5.

6.6 Qualitative analysis of the semi-structured interviews

The Semi- structured interview schedule was derived from the questionnaire. Additional to the questionnaire results the process of conflict outlined by Robbins (1998) was useful in drawing together the interview schedule outlined in Table 17.

Table 18 semi structured interview schedule.

Themes	Questions
Description of workplace conflict to date	In what way does conflict in the workplace touch your job/profession? Explain. Describe a specific example of a situation you thought was conflict related? Are there patterns of behaviour in your organisation that would indicate that it is acceptable or inappropriate to be in conflict with staff?
Perceived ability to resolve/manage conflict	With the incident you described earlier, how did you resolve it? What happened to the instigators as a result? What happened to both parties? Did you feel in control?
Coping ability	Is there anything you could do to improve your ability to identify and cope with workplace conflict? What would need to happen for you to act differently when faced with conflict? Or are you happy with your methods?
Thoughts of future conflict yet to be encountered	Are there ways in which you can sense future conflicts will arise?

This loose structure was helpful as it allowed the participants to talk freely about specific issues. It also positively discussed what methods they used to cope and helped them look towards the future.

The analysis of the qualitative data from the semi-structured interviews was undertaken using the Ritchie and Lewis (2003) thematic approach. This meant using transcripts and coding them, then cutting them into clusters physically working with the data allowed me to maintain the participant's stories and understand what all eight were talking about.

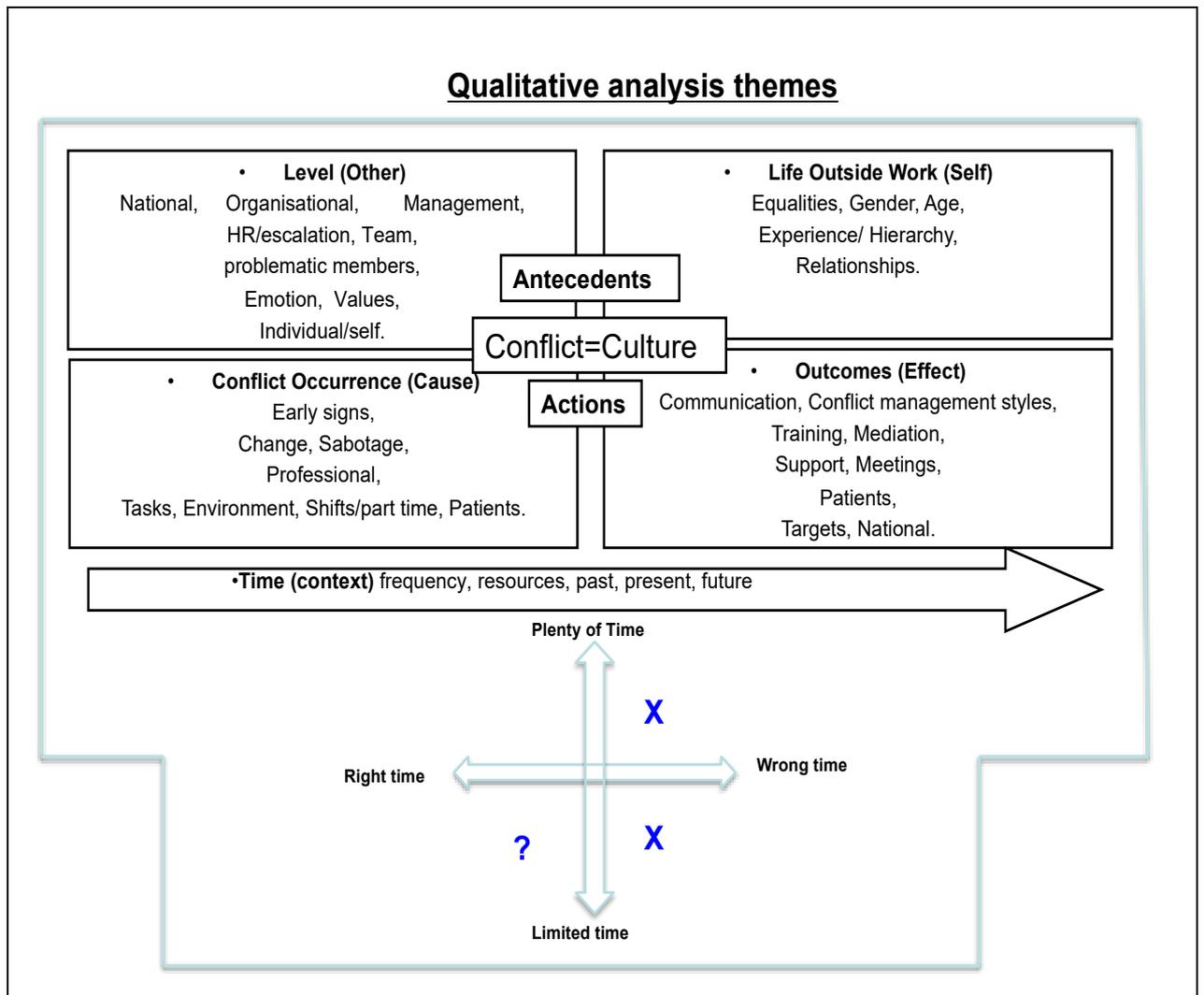
The analysis of the qualitative data from the semi-structured interviews was undertaken using the Ritchie and Lewis (2003) thematic approach. This facilitates a presentation of the data in a matrix or using themes and subthemes. The phenomenon of conflict in one institution in a given space in time. The themes and subthemes presented here are the product of detailed scrutiny of all the transcripts. The transcripts were verbatim written records of the semi-structured interviews. These were then coded and the coded statements were clustered to develop themes (Smith and Firth 2011). The themes were scrutinised and three meta-themes, along with a macro theme provided the data for exploration.

The macro theme was that conflict was embedded within the culture:

Conflict↔Culture

This overriding theme indicates that conflict is an indicator of organisational culture at a particular time within a political context. The emergent themes from this study are laid out in the model in Figure 5. The findings have been drawn together in what has been labelled the Conflict Application Tool (CAT). This incorporates a multi-level understanding of the case, facilitating the exposition of the tension between the levels.

Figure 6: Qualitative themes of the semi-structured interviews placed into the Conflict Application Tool (CAT)



Initial exploration of the coding of the interviews led to thirty-five themes, and four cluster themes were identified. Once the four cluster themes were established, it became clear that they all fell within a macro theme of Conflict↔Culture. Conflict in an organisation is one indicator of the culture it is generating. On further examination, this macro theme could be understood through three meta-themes. These are noted within the model to be Antecedents, Actions and Time.

Therefore, as can be seen in the model, there are a number of levels to understanding this complex phenomenon. At the top level is the Macro theme of Conflict↔Culture. This divides into three meta-themes of Antecedents, Action and Time. Two of these meta-themes further divide to the next level of understanding, labelled four cluster themes: level, self, causes and effects. Each of the cluster themes and the meta-theme of Time further divide to provide the original thirty-five sub-themes.

The meta-themes, cluster themes and sub-themes are further explicated below. Each of the meta-themes and cluster themes are explained using all of the transcripts, but at the lower levels of the model it was recognised that there were differences to be considered between the hierarchical levels of the participant within the organisation. Therefore the themes are explored in detail (see tables 18-26) using direct quotes through the three different hierarchical levels of WM (those who attended the study day), Senior Nurses (those who manage the WMs) and Executives (representatives on the Health Board).

6.6.1 Antecedents – Meta-theme

This meta-theme emerged because there were many things that were already present within organisations, in the national context or in individuals' private lives that served as antecedents that could lead to conflict. These antecedents were identified to be issues or structures outside or within an individual's life that could pre-exist conflict.

6.6.2 Antecedents: two cluster themes – level (other) and life outside work (self)

Each of the two cluster themes within the antecedent's meta-theme was given two titles, a formal title and an informal title to ease analysis. The formal titles for the two cluster themes are 'level' and 'life outside work'. The informal titles were used to offer clarity for analysis. 'Level' was also referred to as 'other' and 'outside of work' as 'self'. The themes within the cluster level can be found in Table 15. In this, the cluster theme of 'level' or 'other' antecedents from the workplace are at various levels, such as national, organisational,

human resources and personal. The individual practitioners' personality traits are at different levels to the other workplace antecedents but should also be included because they are part of the workplace antecedents.

The cluster theme of 'outside of work' or 'self' refers to antecedents that the individual brings into the workplace but which are not part of it, and thus do not count as 'level': for example, home relationships, gender, age etc. The two themes do, however, have clear overlaps: none of the thirty-five themes have sharply defined boundaries.

Table 19: Antecedents Meta-themes

Level (Other) cluster theme	Life outside work (self) cluster theme
<u>Themes</u>	<u>Themes</u>
National	Life outside work (home)
Organisational	Equalities
Management	Gender
HR/escalation	Age
Team/ problematic members	Experience/ Hierarchy
Emotion	Relationships
Values	
Individual/self	

6.6.3 Actions – Meta-theme

This meta-theme reports actual conflict occurrences, identifying early signs and perceived causes of conflict. Within this meta-theme, solutions were also recorded.

6.6.4 Actions: two cluster themes – conflict occurrence (cause) and outcomes (effect)

The actions meta-theme has two cluster themes. 'Conflict occurrences' is the formal title which outlines conflict activity. The informal title for this cluster is

'Cause.' This cluster mostly contains themes that record what can cause conflict (see Table 20). The second cluster's formal title is 'Outcomes', as conflict tends to lead to an outcome, sometimes negative and sometimes positive. The informal title for this cluster is 'Effect' (see Table 20).

Table 20: Actions Meta-themes

Conflict occurrence (cause) cluster theme	Outcome (effect) Cluster theme
<u>Themes</u>	<u>Themes</u>
Early signs	Communication
Change	Conflict management styles
Sabotage	Training
Professional	Mediation
Tasks	Support
Environment	Meetings
Shifts/part time	Patients
National	Targets
Patients	National

6.6.5 Time meta-theme

Time is a meta-theme that lies alongside the antecedents and actions meta-themes. It is considered a meta-theme because it does not sit beneath one of the other meta-themes, but it was located at the same point in the analysis as the cluster themes. It had a formal title of 'Time' and an informal title of 'Context'.

Table 21: Time meta-theme

Time (context) meta theme
Themes: Time, Frequency, Past, Present, Future, Resources/part-time.

6.7 Themes

The thirty-five themes are presented within the meta-themes and cluster themes but are divided into the data collected from each hierarchical level, as despite the model being applicable to all three hierarchical groups, it was found that the emphasis and meaning differed between the groups. The remainder of this chapter will analyse the qualitative data generated by the semi-structured interviews within the meta-themes.

6.7.1 Antecedents meta-theme.

Within each theme, the different staff groups are placed in different tables. WM antecedents are noted in Table 22, SN in Table 23 and EX in Table 24. The tables have been utilised to highlight the themes that the staff discuss that are similar. Following each table, the remainder of the particular meta-theme will be discussed.

Table 22: Ward Managers' Antecedents

WM	Lisa	Carla	Sarah	Frankie
Management		"Managers to go on courses I've been on, even myself as a Manager, can put a barrier up. Managers need to come down and meet the staff."	"your senior nurses and that, they dictate down, then you put what they want out to the team and then it's not always supported even though it's their decision."	"John Williams - he's a good manager I think. He's, I suppose, a little bit closed off but it kind of serves a purpose, in that, when he says something, people do it, because he is friendly on the ward, and he chats to staff, but he doesn't socialise with them, he keeps a very firm boundary around things,"
HR/ Escalation	"We started going down the incident route first of all, so every time there was a problem or I had to call another consultant to the theatre or there was an issue - anything out of the ordinary - I had to complete incident forms which then I had to send via the normal directorate route."		"Policies and procedures are a way of protecting yourself - always go by the policies and procedures,"	"It was a staff member which caused the incident and I confronted that staff member and spoke to her. It didn't go very well, so in the end I escalated it up to my line manager and basically made a complaint."
Teams	"I take a team approach, on occasion I would deal with an individual. I would say if there is any sort of problem it tends to be within the team, not an individual."	"I have had these two staff a couple of times I've had problems. They are the ones that need more managing. Sometimes I give jobs to."	"The majority are good, it's just the odd. I was told it was them."	"I would say the 2's and 3's are the harder ones I think there is probably 3 or 4 of them definitely."
Emotion / values	"At this point I became quite hysterical and basically said I would not allow him to do his list that afternoon."	"I need to take a step back 'cos I have been really close to burnout, a couple of years ago."	"I don't have any right to have any respect or feelings because I'm in that role and that's my rank."	"There is a bit of fear that you won't have any support if they do that - it looks like you're the kind of person who's done something wrong even if you haven't."
Outside life	"...like staff conflict just from where they've got to work in the morning, from the minute they walk in the door: 'Well, I don't want to work with that person'"	"There's people who've lost children in my department. I'm aware of anniversaries,- one girl lost a son"	"I had to put the dog to sleep last week, obviously I was off. When I came in, Tuesday, the other CR's said.. 'there's been trouble going on about you."	

Within Table 22 it is easy to see at a glance the themed comments of Lisa, Carla, Sarah and Frankie. This helps the reader understand the process undertaken to develop the themes from the transcripts. Here Outside life is discussed and is clearly mentioned by three of the ward managers. Emotional and teams issues are mentioned by all four of the managers. Interestingly in the analysis of the team theme you can see that teams can be part of the solution and the problem.

Table 23: Senior Nurses' Antecedents

SN	Helen	Nia
Management	"One of his band 7s said that he couldn't work with him because he said Gary's style of managing him was not good. He went on the sick because he said he couldn't work with him. "	"What had happened was this nurse I had newly taken over managing this team, and they are quite a handful but that is OK and I am new to them. And I have only got them until January."
Life Outside work	"I look at e-mails at home, but it is manageable. I don't take stuff home. I will look at a Sunday; I might also look if anything new has cropped up overnight."	"It doesn't make me a very nice person and I can't deal with home conflict very well then either. I am not a very nice mother then, in the evenings, because I have had it zapped out of me in the day?"
HR/ escalation	"I find it very useful to bounce ideas off HR - they are useful to bounce ideas off. We will often end up thinking the same way. That is more about knowledge of process which is what I lack and they bring."	"I am not trying to load it all on HR - they are pretty good, I don't tend to go to them all that much really. I will go to them to seek advice if I am doing the right thing."

Helen and Nia the two senior nurses, similarly to the ward managers discussed the affects conflicts have on their outside life, management and how using HR means that issues are escalated.

Table 24: Executives' Antecedents

Ex	John	Barbara
National	"I have a sense of personal values which don't always accord to what the government thinks?."	"Rather than conflict, I think competing priorities perhaps, because actually government are only there to give the best health service that Wales can have"
Organisation	"We have been puzzling over what the formula is for this organisation, for some time. And fundamentally it has to be about just a few things, including culture."	"I think you are more likely to see conflict with one organisation against another. There will be some decisions that some organisations make that just sometimes make your blood boil."
Managers	"So in other words what happens with power in a democracy is that power goes up and the management structure goes down. You think you're in a power structure that goes up when actually the power structure goes down."	"The basics of what works well are actually managing people. To manage people they need to have an appraisal, they need to know what your expectations of them are. They need to deliver on it, and they need to have regular feedback to see how they are doing or not. My experience would be that you get most conflict when you have badly managed staff. "
Teams	"What I can't afford to have at work are those people who just think that when I open my mouth to say something that that is it. That is absolutely illegal and can't happen. As well I would say that when people are constructing teams, it is worth thinking about who is the completer/finisher in this group? Who will go down into the detail, so in our team we have got lots of similar personality profiles, which is an issue,"	" If you have everyone as 'yes men' then you have the emperor's new clothes and never actually move forward. We have been looking at our team dynamics and we need to have challenge within there. Challenge to question whether you are doing the right thing, or challenge constructively when you are not doing the right thing."
Values	"The way to unlock this is to push the values of the organisation very much into a prominent position into centre stage. Then if you are operating in a trusting way, your mind-set is that I trust people to come to work to try and do their job - that is my default setting."	"if you can tell staff that they are valued and that they are recognized and told that they are doing a good job, that makes you feel good, and any conflict that you might have in, 'Oh she's got a better office than I have got, her workload is less than mine', I think to some extent pales into insignificance if you're recognized and you're happy in your job."
Individual/ Self	"There are things that I need to do `cos I work in a public organisation in the public setting. That is probably more of an internal conflict more than anything else."	"I don't do conflict much. I think you only see it as conflict if it bothers you. My coping strategy is not to let it bother you, not to lose sleep. Talk it over with somebody, but I don't much feel the need to."

The Executives interviewed talked a little of their values and how conflict affects this, as well as their concept of their self-image. The Executives talked about the national and organisation levels also more than other levels. The Executives were also the only level to discuss other organisations and inter-organisational conflict.

6.7.2 Antecedents: level (other) and national

The national context was described by the WMs as being responsible for setting targets that induced stress in managers. Neither SN mentioned any national interfaces. Both EX note that at all levels, there are frustrations and barriers that can cause conflict. Finances are also discussed in the national context (Table 22).

WM Carla: A lot's going on, with all these targets and everything we've got to meet. The main thing about running my department is my staff and they are happy.

WM Carla's words denote that despite the national pressures, her staff have to be her focus.

6.7.3 Antecedents, level (other) and organisation

The organisation was discussed by the WMs as an entity outside of the WMs, also imposing rules. In Sarah and Carla's words:

WM Sarah: 'cos that puts me as the 'bad guy' and it's not - I'm just trying to do what the Trust wants us... well...what UHB wants us to do...

WM Carla: The new chief exec wants us to work as a big team, but I think they, they forget how to introduce things into a department.

SN Nia's view of the organisation as a collection of people who can help her is noted in these words:

SN Nia: I don't look at it like an organisation - I look at it like people I know and network with for different things. I know them and they know me. I seek support in different ways. I have no idea organisationally: I feel quite lonesome.

The executives talked about the organisation and the interface with other organisations as occasionally leading to conflict.

6.7.4 Antecedents: level (other), management

Managers were discussed as having different styles: some who might have needed to come and listen to the staff and others who might purposefully be more “closed off” in their style of communicating. The SNs discuss gauging their management style, taking into consideration the time available. SN Helen also reflects in Table 23 how management style differences can cause operational rifts amongst staff. Ex John discusses here how the roles of a manager and a doctor can be perceived as desiring different outcomes and this can lead to conflict.

Ex John: I think that it is that particular conflict arises because very often managers are drawn from the arts-based subjects: they are often quite eclectic in their backgrounds. They have variable educational levels and they are not socialised into a professional group. Contrast that with doctors - they tend to be people who are scientific, they have a particular way of understanding the world and that clanks quite a lot with the way managers think about the world.

The added insight noted is that the two roles described come from different educational backgrounds.

6.7.5 Antecedents: level (other) and HR/escalation.

Within Table 22, a theme discussed by all the managers was the route to escalating conflict, using the HR department to advise on formal processes.

WM Sarah’s words highlight the difficulty of implementing a policy change when there is little managerial consistency in the clinical area. When there are two approaches, there are noticeable frustrations. Lisa’s words here describe a serious whistle-blowing incident:

WM Lisa: We started going down the incident route first of all, so every time there was a problem or I had to call another consultant to the theatre or there was an issue – anything out of the ordinary – I had to complete incident forms, which then I had to send via the normal directorate route...um, and then obviously an investigation then started, so that they could actually look at facts and figures on having patients who were coming back to theatre, see what was going on and ultimately then, I then had an interview.

SN Nia: It obviously had not been dealt with 'cos she said she had had training three years ago and didn't want to deal with it. So I

said I would like to meet with her. So I arranged to meet her....It wasn't really my job but the team... were not going to deal with it. I did say to the sisters 'I don't want you to be running me down to this nurse because the least you can do is support me. Because I am doing your job essentially'. Anyway she chose to retire as a direct result of this.

6.7.6 Antecedents: level (other) and teams/ problematic members

Teams were seen as having members that can be problematic. In Table 22, WMs Carla, Sarah and Frankie reflect on conflict in teams falling to one or two members of problematic staff. Managing teams in an organisation is discussed. The SNs reflected that managing teams evoked conflict:

SN Helen: I suppose there is often a general issue within teams, and I think depending on what role I am in when I am in a team, for example if I am part of the team, it alters my way of viewing it. If and when I was part of that team and there was conflict, I would not want to make the peace.

But each time you get promoted and move away from that team, I become, I get a bigger sense of responsibility for fixing it. The more promotion I get, the more responsibility I feel.

Outlined in Helen's excerpt is the notion that when you are in a team, you might act differently than when you are managing a team.

Team constructs are also noted to be vital and both executives note that having a team around them without challenge, full of 'yes men', would not be desirable. John elaborates further by noting that teams can function similarly to tribes:

Ex John: Then there are conflicts between tribes, you've got your nurses and your therapists and your nurses and the doctors. 'I think my team is OK but not sure about them.' You have got conflicts between unions and managers, between organisations. People are very tribal.

Talking to certain teams about changing practice appears difficult, as do inter-professional relationships. Working relationships can evoke emotions amongst staff. These emotions can be attached to their core individual values.

6.7.7 Antecedents: level (other), emotion and values

The participants talked of how workplace conflict stirred emotional responses within them. WM Lisa's excerpt in Table 22 describes how she became 'hysterical.' The complexity of emotion that conflict generates clearly spills over into emotion and the outside life of staff, as noted by the SNs in Table 23.

WM Carla: *Sometimes respect goes out the window, when someone is not pulling their weight with this lot.*

WM Carla here mentions how the value of respect can sometimes be absent in the workplace, a point reiterated by WM Sarah in Table 22.

Ex John: *There is lots of conflict about values. I often find myself in this place where I have a sense of personal values which don't always accord to what the government want to do.*

Ex Barbara: *That is when it can actually be positive. Challenge needs to be channelled in the right way. There is great skill to doing it positively, greater skill than there is to doing it destructively. So I think our role is to make staff as happy as we can in their job.*

The executives' words describe how 'values' can stimulate someone to act in a certain way. Therefore, values can drive behaviours. Barbara, in her excerpt, notes her role in evoking the value of happiness in staff. This is firmly linked with the belief that staff who are happy can have a positive self-image.

6.7.8 Antecedents: level (other) and individual/ self.

The image an individual holds of himself or herself is important to their identity and confidence.

WS Sarah: *You are actually thought of as the 'bad guy'.*

WM Carla: *I know I've been very close to burnout and that was a couple of years ago, and for me to give my best to my staff, I've got to look after number one - me.*

SN Nia notes here how she had warned her staff not to 'run her down.' This reflection highlights how her self-image can be affected by conflict and how this can spill over into her home life.

6.7.9 Antecedents: life outside work (self)

The impact of conflict situations at work on participants' outside life was evident (Table 23). The reflection from SN Nia demonstrates how she recognises that she does not deal well with home conflict as a result of work conflict. SN Helen notes here how she thinks about work at home and her worry leads her to check e-mails.

6.7.10 Antecedents: life outside work (self) equalities, gender and age.

Equality issues were raised as a theme:

WM Carla: Got a lot of women working together and with different age groups, and it does make a big difference, Just going through 'the change', there definitely is - you can see it. I'll often say to someone are you menstruating, or we call it 'the blob', in work. But I just think, that's women together – they will complain and certain things upset them and some things are so trivial.

WM Frankie: God, this is going to sound ageist even though it wasn't about me. Because they knew it was me who had made the complaint then another member of staff had done so with me and they in the investigation process, they kind of got back at me, got witnesses against me saying I was, I didn't like working with people who were older than me. It was incredibly difficult.

These reflections denote how gender and age in teams can manifest conflict. Linked to these equality issues is the issue of experience and hierarchy.

6.7.11 Antecedents: life outside work (self) and experience/ hierarchy

In WM Frankie's example of staff at bands 5, 2 and 3, their experience in their position gives them control over their environment.

WM Frankie: The 5s, um... a lot of them want the change but they are scared of it...but also they are scared of reinforcing it to the 2s and 3s. We've got some longstanding 2s and 3s who have been in the ward for about twenty years.

WM Sarah's excerpt in Table 22 shows how the impact of her bereavement over her dog had an impact on her thoughts about what was happening in work. Emotions connected to relationships can be seen as an outcome of conflict.

SN Helen: *I met with Gary this morning: he has been struggling with his role for a while. Some of it is caused by his health and some of it may not be, so I came into post one year ago. Gary applied for the role as well and I suddenly found myself in a position of having to address his performance when I had previously been junior to him. The conflict is that I care about Gary - he helped me, he is a gentle genuine person that I care about – so there are two elements for me.*

SN Helen here notes how relationships with staff can make managing the outcomes more difficult.

6.7.12 Antecedents: life outside work (self) and relationships

Relationships in the work are highlighted in SN Helen's words:

SN Helen: *we have all worked alongside each other, been various grades, and to suddenly find myself sat this side of the table trying to facilitate two people..... was difficult.*

This reflection from a mental health setting notes how working alongside people for many years can hinder managers' ability to manage.

6.8 Actions: conflict occurrence (cause)

The actions meta-theme is a combination of noting conflict occurrences and the outcomes, cause and effect of conflict. Table 25 outlines WMs' actions. Table 26 outlines the SNs' actions, and Table 27 outlines those of the EX.

6.8.1 Actions: conflict occurrence (cause) and early signs

WM Lisa: *When it is affecting somebody else, when you can see that it is having an effect.*

Lisa notes that her trigger to act is when conflict is affecting other people. Table 26 outlines how SN Helen notes that e-mail can actually indicate an early warning of workplace conflict. Barbara describes how conflict is required and even essential in organisations.

Ex Barbara: *a little bit of grit around is not a bad thing.*

Table 25: Ward Managers' Actions

Staff WM	Early signs of Conflict/ Senses	Solutions
Lisa	"You can feel it, you can sense it, you can see it in people's faces, whether they are smiling or not, just general body language or behaviour. Right from the start. I think people bring in conflict as well from the outside."	"I saw him, just sat in one of the theatres on his own and I thought 'right, I'm just going to go in there and have that conversation'"
Carla	"You can tell, and people in work are going to be short tempered, that people get on your nerves"	"Though to reflect, to sit back and look at it, to see how to deal with things."
Frankie	"There is always an undertone to their actions. It's like an atmosphere – you walk into the ward, and you can tell by the way people say 'good morning' to you, or don't"	"It's probably like the drip-feed – it's slowly, repeatedly discussing things with them, almost like suggesting things, like it's their idea"
Sarah	"Suspicious, you know, you get feelings you know you can feel atmospheres and you can feel stuff is going on"	"When my staff have got issues, I think when they go to Jan, she should say 'have you spoken to Sarah? What have you tried to do to resolve this with Sarah?' If they haven't, then go to Sarah."

Table 25 notes how all WM's interviewed could recognise early signs of conflict. They all also offered their own solutions that they had arrived at through experience without training.

Table 26: Senior Nurses' Actions

SN	Early signs	Solutions
Helen	"The volume of e-mails that might get generated by a number of things, the fact that the person who was asked the particular question in that e-mail chain has not answered. I realise that that might be something I need to resolve: I need to ring them. It is more implicit than explicit 'cos I am a bit removed from it."	"The biggest learning point for me is that you don't always have to address all the issues. "
Nia	"I am quite symptomatic: I will get a headache, I breathe quicker, I probably talk quicker, I am snappier, I can feel it and I think to myself 'stop - calm down'. I also get a feeling of panic, frustration and moving towards anger."	"Today I had to send her a sorry text because I think I was just too curt with her."

The senior nurses experiences of early signs of conflict were varied and Helens words on e-mail conflict note how this appears to be a conflict indicator. The solutions appear to be noted to be more about communication, saying sorry and not rushing to address conflict.

Table 27: Executives' Actions

EX	Early Signs	Solutions
John	"We get stuck: we keep coming back to the same issue, we just don't seem to get past it. Somebody looks uncomfortable. Someone gets cross or upset? We can have verbal's, not turning-up, using their laptops, disengaging. It is important to allow the space."	"Allowing quite a testy conversation to work its way out is quite tricky. My initial mind-set might be to rush in and sort of recue it, but we have to watch that, 'cos if you don't have it out, it can be bad. It needs to be done in a productive and useful way? That is probably not going to be the right thing to do. It is probably not a good idea to oppress conflict by trying to be kind or caring."
Barbara	"Staff grumbling, corridor discussions, those closest to them will pick up that something is not quite right"	"But if it is managed well early, in my experience, that is what works best."

The Executives in Table 27 outline similar solutions as noted by the senior nurses, John notes a greater implication to allow the conflict to happen.

6.8.2 Actions: conflict occurrence (cause) and change

All of the participants discussed change as causing conflict in the workplace.

Change was seen as a pivotal instigator and a tool to help with workplace conflict.

WM Sarah: ...like even down to stock, if we reduce stock in the area... it was needed, stock was going out of date. I think we had about £10,000 worth of stock out of date, recovery came out quite well, we reduced our stock down, but just to get that change in. And if I wasn't a driver pushing it through, keeping reassuring the staff it's needed, reinforcing it at meetings and briefing, we came out as doing a good job.

Sarah describes the role of a manager as a change agent, pushing and reassuring staff about the changes.

SN Nia: I knew that one of them was retiring and I knew which one was going to stay and we were going through this review process

as well. You have to pick your battles. I thought once these teams re-amalgamate and settle, then I need to start developing them and noting to them that this is actually their job.

SN Nia reflects here how knowing a positive change is coming can help a manager to decide to delay addressing things. There appears to be a right time to do things among the SN participants.

SN Helen: The biggest learning point for me is that you don't always have to address all the issues. That isn't always the way to deal with things. More experienced people than me know when to turn a blind eye to things. Sometimes you shouldn't and you don't always have to.

Within Table 27, both EX describe the need for conflict, viewing it as largely a positive occurrence. They do not focus too much on the negative effects of conflict, such as sabotage.

6.8.3 Actions: conflict occurrence (cause) and sabotage

Sabotage by staff, if it is detected, can be a negative sign of conflict. Here, the words of two WMs outline the negative effects of conflict.

WM Sarah: Sometimes it is a self need: say you have said to someone that something can't happen, they'll deliberately try to cause a bit of conflict to distract from themselves.

WM Sarah: In conflict in Recovery. I mean I know I'm not the only line-manager who has it. In our Recovery, people have left because of it, because they can't manage it.

These excerpts note that people make the decision to leave or might deliberately create problems. These behaviours might not be synonymous with professional behaviour, however, as noted by the WMs' observations.

6.8.4 Actions: conflict occurrence (cause), Professional and patients

Lisa's reflection highlights instances of professionals conflicting with each other in clinical practice:

WM Lisa: It all came to a head in one particular incident because I'd had a patient who I'd built up a relationship with, not only in the anaesthetic room, but previously. She had a young child, or a young baby actually. She said the surgeons had promised her that they would only do the minimum: she ended up having to have a bowel section, a colostomy and major problems. The following

day, I went to see one of the senior nurses and said 'Can I refuse to work for the surgeon? Can I refuse to allow him into my theatre? Because that's how I feel at this moment in time'.

Conflict appears easier for the SNs to address when it involves a patient-related issue:

SN Helen: So once I think this is a patient care issue, I can do anything. So that is how I am able to manage. But if it is more personal stuff?

Helen talks here about her trigger to action being patient care; however, the emotional conflicts are considered more difficult.

6.8.5 Actions: conflict occurrence (cause), task, environment and shifts/part-time

The business of the department and the environment can cause staff tensions, for reasons such as considerable staff waiting around in recovery, therefore *'having too much time on their hands.'*

WM Lisa: but I think that theatre is notoriously quite a stressful environment, or it can be, and there's lots of temperaments, lots of personalities to deal with.

The environment can lead people to consider conflict; the stress of working in a particular area can create the conflict noted here in theatres.

WM Frankie: The outcome was that the member of staff in question got moved then, as part of the investigation.

In Frankie's reflection, it is evident that organisations also use moving environments as a means to manage conflict. Moving staff would usually only be an option if all communication options had been explored and failed.

6.8.6 Actions, outcomes (effect), communication and conflict management styles

Participants consider communication as an intervention when conflict occurs. Frankie discusses using avoidance communication skills: for example:

WM Frankie: I think it annoys them more if I ignore it.

WM Carla: I've sat with each person and put them together and actually take command of the meeting, and you know, stand-up

and say 'one of you speak, and then the other'. Most times it works.

WM Lisa: *I'm glad that I did that and, when it all sort of came out around full circle, I actually bumped into the consultant in the corridor. As you can imagine things were difficult between us, and I actually sat down with him for about an hour and had a long chat with him, and basically said 'It's not about me, I don't want to... I'm not here to destroy your career, but I just felt that you weren't listening to me.' I was having other consultants coming and expressing their concerns and we needed to address this...but... it was an off-chance. It was literally, I thought I'd been through the counselling side of it, and I saw him, just sat in one of the theatres on his own, and I thought 'Right, I'm just going to go in there.' I just went in there, and had that conversation and then when I went out and that, and, after I'd done that I felt um... I don't know what the word is, but relieved, really, I suppose, and when I then went back to my senior nurse and said what I'd done, she gasps and said 'you shouldn't have done that! Why did you do that on your own?' and I said, 'but I didn't plan it, it just happened and I actually feel better for having done it,' but she felt I'd put myself in a, well, potentially very difficult situation I suppose. But, I think our relationship was better, then, after that, but it was very difficult. I still haven't worked with him. He was very wary of me I would say – well, initially, I should say – but I would say our relationship is better now, but I think he will always be a bit wary of me, he'll think I'll always be watching, which is probably true, but not in a...err, err...in a supportive way.*

Lisa describes how using communication with someone after conflict can be helpful for both. Communication, either verbally or via e-mail, seems to be a crucial way of detecting conflict in early stages. Communication alterations can denote a purposeful conflict, as described here by John:

Ex John: *If you are normally quite a placid person, it is quite powerful when you stop being placid for a moment.*

Here, a change in communication style is noted.

6.8.7 Actions, conflict occurrence (cause), training and support

The managers talked about training within their teams and how they were trying to develop these teams, even though study leave could not always be allocated due to the pressures of work:-

WM Sarah: *I said 'I hear you are lacking in confidence and these study days are important to you, but it's not me that's stopping you because we haven't got the staff at the moment....' I think the*

person needs to be confronted with this dignity at work and know how I feel.

WM Carla describes how confidence can be increased through training:

WM Carla: Since going on the conflict course and learning how to sort of reach each one going on, that helped me. Before that, I struggled a bit. It's only courses like that that teach you things. I don't know who to go to: there's no directory in the hospital to say this person is good.

WM Frankie appeared to want support to help with a counter-claim culture.

WM Frankie: I think it's the support of senior managers, knowing that if a complaint about me was going on, that it was done in an appropriate manner.

The SNs discuss using courses and information gained to help them manage conflict. Leadership and conflict management courses are seen as being helpful to senior managers in enabling them to deal with workplace conflict.

Sarah's account of an incident with staff that she manages notes how she thought about the incident at home. She reflects on how it has "hurt her."

Communication is noted here as a tool that can be used to cause conflict and also to make conflict better.

Finding ways of dealing with conflict for the senior nurses varied: coaching management support and supervision were mentioned as being helpful.

SN Helen: I have coaching. It is hard sometimes to make it happen 'cos your thinking 'that is half a day out of this week and I have not got any other time at my desk', so there have been occasions I have cancelled it, 'cos I can't spare the time.

Both SNs talk about gaining support for themselves informally. It is at the SN level that e-mail conflict is noted. Helen reflects here on how this has changed over time.

6.8.8 Actions: conflict occurrence (cause) and mediation

Mediation was a skill that the participants described using with their teams. The managers described being resourceful in conflict management, having a number of different techniques that they revert to in conflict situations. This also raised the issue of feeling supported to manage conflict: in practice, this varied. Meetings are often used as tools to manage conflict.

6.8.9 Actions: conflict occurrence (cause) and meetings

Meetings can be tools to resolve conflict but they can also be stressful and have the potential to make conflict worse.

WM Sarah: In unit meetings at times it can be like in a boxing ring. I hated team meetings because I seen it as OMG, and that does happen sometimes.

WM Lisa:- We actually have departmental meetings, the whole department, which as you can imagine is huge, led by our senior nurse, which we take part in. It is an opportunity to try and phrase something, they are always quick to criticise, so we start with praise generally, 'thank you'.

WM Lisa mentions giving staff recognition of doing a good job, noting that saying 'thank you' can be a useful way of starting a meeting, especially in emotionally charged patient care settings.

6.8.10 Actions, conflict occurrence (cause) and patients

The participants mentioned that on occasions when patient care was an issue, they did not find it difficult to enter into a conflict situation.

WM Lisa: I really felt it was about my patients. There was a review of this person's practice, and then there was a whole raft of things put into place. Having senior support initially; it is that sort of attitude as well. They are all going to stick together. No, sorry - there is a patient at the end of this. Well, from the counselling side of it, I felt very supported: that was the right thing to do to lead me into that.

WM Carla: I was thinking about perhaps getting someone in to talk to staff to manage conflict. Because conflict is not only between staff: there is patients. Patients' expectations of us are getting bigger, sometimes very stressful waiting times. I have to talk to staff about how they deal with patients just to talk about emotions.

Managers from the varied settings described the impact of conflict on their patients. Conflict about patient care appears to be the easiest form of conflict to address in practice.

SN Helen: Because it is blatant, and without being dramatic about it, patient care is at risk. So once I think this is a patient

care issue, I can do anything. So that is how I am able to manage.

6.8.11 Actions: conflict occurrence (cause), targets and national

The focus of the actions so far has been within the individual managers, their teams and senior management.

6.9 Time (context)

The meta-theme of time investigates the context in which this study occurred. It took place over a period of time from 2014 to 2015 in a Welsh healthcare organisation. The participants were asked about the frequency of conflict and it was noted when they discussed episodes from the past or the present day. Their perception of occurrences of workplace conflict was noted to be regular.

Table 28: Ward Managers' Time

WM	Time	Frequency	Past	Present
Lisa	"This has been done on an audit day so we can get all the staff there. One of the hardest things is getting the junior grades the time out, away from the front line."	"I would say it's probably a daily occurrence."	"Then, I'll talk about something that happened to me, it was a few years ago before the major conflict."	
Carla		"Every day I go to work there seems to be something, there's an underlying conflict of something."	"I need to take a step back 'cos I have been really close to burnout, a couple of years ago and for me to give the best to my staff I have to look after number 1 - me. I reflect look back and think a bit more now than I used to. "	"As for today, someone rang in sick, so everyone else had to be moved around on that rota"
Sarah		"There are always elements of conflict going on: it's always spinning...I don't know whether it's the beast of Recovery... but they have a lot of time on their hands and then they are really busy...um and then they have a lot of time on their hands and then really busy.."	"I'll tell you this awful thing that happened a few weeks ago. "	"Because, like, last night,"
Frankie		"Every time we change something quickly."	"In my last job - it must have been about seven years now. "	"We're about to close our smoke room."

The Ward Managers in Table 28 all discuss conflict as a frequently occurring phenomenon. Time clearly is an important facet to conflict management.

Table 29: Senior Nurses' Time

SN	Time	Frequency	Past	Present
Helen	"What is missing is my thinking time. This might be my newness in my job - only one year. I am quite a quick thinker but it would be good to be able to plan for things: quite often I have to address these things and I don't have time to plan for them."	"It is a daily occurrence, depending on your definition of conflict. There is something every day. It is a very broad term."	"If you had asked me two years ago 'what do you find difficult about this job?' I would have said the disciplinarians. I would have said I could never do that."	"I have a very good example of something that I have done this morning,"
Nia	"I just had to make some time this morning. I should have gone to a meeting but I didn't. I had to reduce my stress and get some time to do everything and thought this is the right time."	"I would say conflict is there every day, different issues, different members of staff."	"I am in an integrated team and this happened about 18 months ago,"	"For example, this morning I actually phoned someone that I had had an e-mail from my manager to deal with for the last five days. But I had to pick my moment."

Table 29 outlines the Senior nurses consideration to Time within Conflict and here the frequency is evident. Nia's comment about picking her moment would also suggest that Time is being used as a resource to aid conflict.

Table 30: Executives' Time

EX	Time	Frequency	Past	Present
John	"That means that you hardly ever get time to do the important things."	".. but I had to pick my moment."	"I learnt a really big lesson about 20 years ago now"	"One of the things we the executive team have been talking about a lot at the moment is our capacity to differentiate between the urgent and the important. At the moment I would describe the world that we inhabit as a whirlwind. A frenzy."
Barbara		"You are in it for a longer term relationship, so you can have a short-term argument for a short-term gain, but it doesn't get you to where you want to in the long term."	"You see it at all levels. I have just been to one of our departments to do a safety walk around, I went there knowing that there was some significant conflict two years ago."	

The Executives similarly to the senior nurses discuss the utility of time. `Looking at longer term` considering how time can be helpful in situations of conflict, looking at the bigger picture not just the immediate winners and losers.

6.9.1 Time (context) and frequency

Each of the WMs reflected that conflict happened regularly: Carla's words in Table 29 highlight this. SN Nia states that there is a right time to address things, suggesting that there might also be a wrong time. She notes that planning the right time might be beneficial to all, leading to better outcomes

Table 29 defines the frequency of conflict as occurring daily. A fast-paced environment is not conducive to planned interactions, as highlighted by SN Nia in Table 29:

SN Nia: That would not have been to her liking on Monday. And I know the best time to contact her is between 8-8.30 in the morning.

The EXs viewed saw it as important to create time to consider the important issues to plan for the future. Much of the health care environment was described as 'frenzy'.

6.9.2 Time (context) and resource

Time is viewed as a scarce resource. There is also the added component of conflict occurring over a period of time. This emerged and appeared to add to their role stress.

WM Sarah's words in Table 28 describe time as a resource in a given environment that can also influence the occurrence of conflict. She stressed the need for more time to facilitate better quality interactions. SN Nia mentions how timing potential conflicts can help with their overall management, taking into consideration the best time of the day and even the best day of the week to raise the issue. Choosing the right time is seen as key, and having time to plan is also seen as a valuable resource when considering conflict management.

6.9.3 Time (context) and past

Conflict appears to stay in people's memory for some time following the events that staff perceive as conflict to begin with.

WM Frankie in Table 28 discusses a conflict that occurred seven years earlier. This suggests that despite conflict occurring regularly, it still affects people over time. Both SNs were able to recall conflicts from their past. Lisa was asked how long her whistle-blowing incident lasted:-

WM Lisa: *from start to finish, oh, a couple of years.*

6.10 Summary of the qualitative results of the semi-structured interviews

There are a number of pre-existing factors in organisations that can be considered as antecedents of conflict. The participants made reference to the national impact of conflict, such as imposed targets. The difference in how the groups described themselves in relation to the organisation was notable. The ward sisters described the organisation as an external entity, while the senior nurses viewed the organisation as a series of people to help them, of which they were part. The

executives described being the organisation, notably using 'we' when discussing points. This made the levels in the organisation overt.

Teams were seen as having pivotal members that caused trouble. Teams were also seen as the way in which organisations achieved their goals.

Under the actions sections, all participants describe trying various ways of managing conflict, such as training, meetings, mediation, support, sign-posting to helpful individuals and talking to staff, reiterating changes. Conflict still occurs and has some stressful side-effects, which all participants discussed. These side-effects were described both in terms of personal impact and as having an effect on the team. All participants described being able to detect early signs of conflict and making judgements on how to react to it daily. The emotional and relationship aspect of conflict management was seen as more difficult than anything that impacted on patient care.

All participants noted their role in valuing staff and making staff feel happy to come to work. Conflict occurs over time in organisations and the managers appear to have learnt through experience how to manage it. Participants appreciated how staff's outside lives affect workplace conflict. Time was described as a rare commodity and there was clearly a time to deal with things and a time to avoid conflict or delay it.

The solutions noted by the three levels interviewed were:

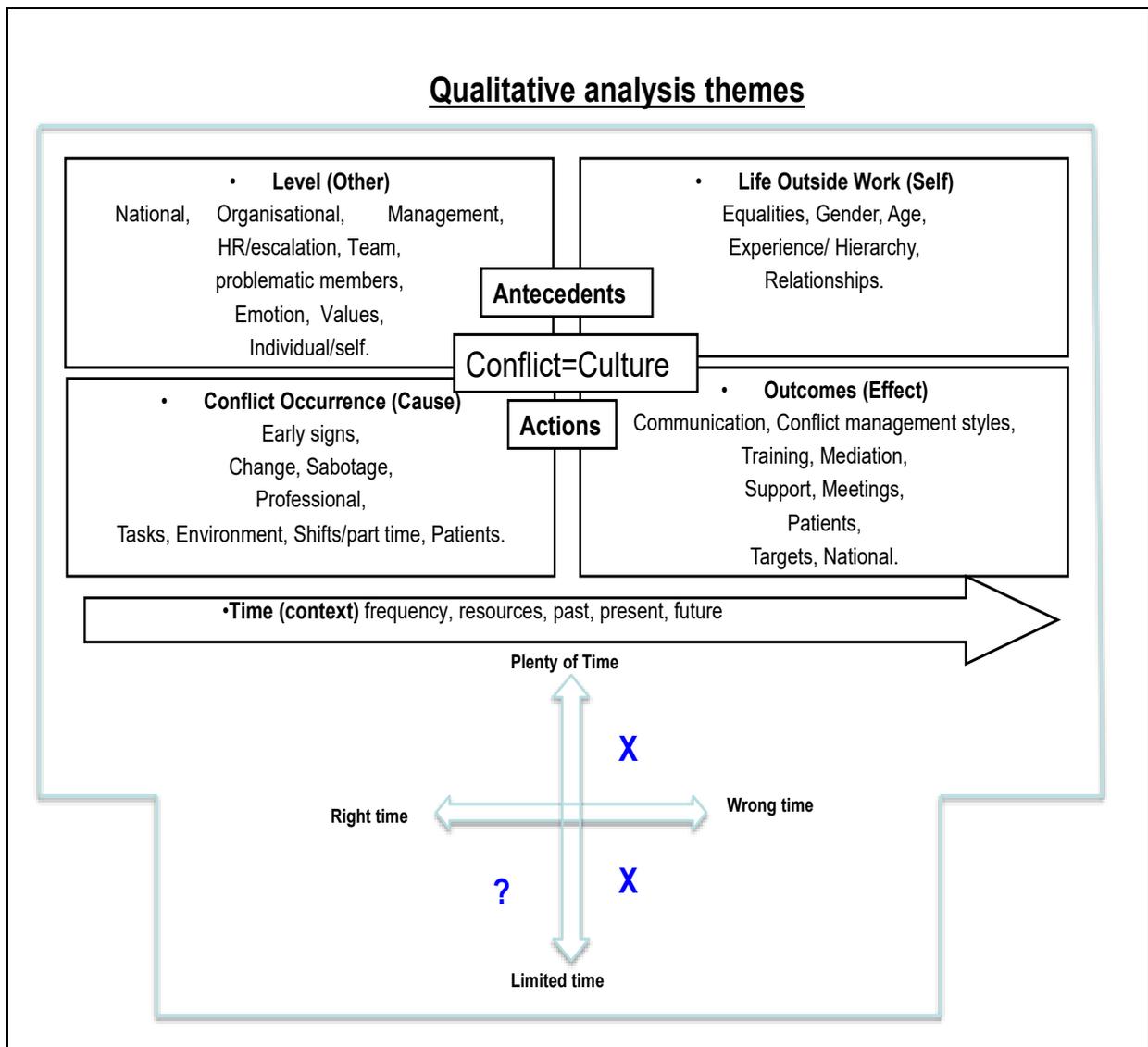
- 1) Conflict is essential in the NHS.
- 2) Negative effects should be addressed early.
- 3) Training for staff is essential.
- 4) Support is needed when staff are in conflict situations.
- 5) Knowing the person to ring for advice and training.
- 6) Regular team meetings and contact.

6.11 Summary of chapter six

The questionnaires demonstrated that a single study day of conflict management skills does make a statistically significant difference in the short term for clinical managers who manage teams of staff within varied healthcare settings. This difference was still in evidence four weeks following the training day. The participants appeared to gain most insight in understanding their own styles of managing conflict

and also in gaining some understanding of mediation skills. Some value was placed on viewing situations from other people's perspectives. This researcher found that actually asking people to participate in semi-structured interviews on workplace conflict was in itself problematic. Although all consent forms noted willingness to participate, when participants were asked to turn up to be interviewed, the majority of the declined. This suggests that even *talking* about workplace conflict is painful for staff. The four WMs in the interviews were all female, managing teams of between eighteen and thirty-five people, and some had departmental responsibilities on occasion, which increased this number. The two SNs interviewed were female, and of the two executives interviewed, one was female and one male. Discussing conflict as a process helps staff to understand that there are pre-existing elements to workplace conflict that are already within the organisations, and team constructs were cited as examples. These were noted to be the antecedents of conflict. These emerged from the interviewed staff as others and including self and also that sometimes staff's life outside of work and their self-image can impact on conflict. The actions were then divided into two cluster groups: conflict occurrence (Cause) and outcomes (Effect). Alongside both of these meta-themes was the meta-theme of time. This emergent theme was outlined in how staff spoke, reflecting on how long the process of conflict took from start to finish. Participants also mentioned that if conflict could be planned, then staff would be able to plan to manage it differently, reducing the negative effects and results of conflict when it occurs. The Conflict Application Model derived from interviewing staff at varied levels is seen to add to the current literature by organising conflict into three meta-themes and four cluster themes:

Antecedents, Actions and Time are meta-themes for consideration when faced with any conflict, whilst also considering the need for staff to take time in the workplace to plan and prepare. It should be noted that there might be a better time to address conflicting matters when they can be planned and when staff have more time.

Figure 6: Conflict Application Tool

All eight participants in the semi-structured interviews reported being able to identify the early signs of conflict in the workplace. Varied skills were described and additional support was noted to be of value for the ward manager group. The senior nurses required and sought their own support. The two executives discussed their own mechanisms of dealing with conflict and helping others. The personal aspect of workplace conflict was noted in the whistle-blowing account and where one of the participants was claimed to be ageist. All managers reported backlash when trying to manage or note bad practice. This backlash was considered personal and distressing.

Obstacles to putting solutions into action included lack of time in the workplace and fear of repercussions. There was also some recognition that senior management issuing changes without consulting on them also posed difficulties. In summary, a single day's training was not felt to be enough on its own to support ward managers and senior nurses to deal with the volume and frequency of the occurrences of workplace conflict. More interventions were needed and they did not necessarily involve increased training. They could involve:

- 1) Individual counselling.
- 2) Support when involved with conflict, signposting for advice and training.
- 3) Skills for dealing with observed conflict

These broad suggestions formulate the start of a framework for conflict management within a complex health organisation. The perception of the participants in this study was that a skills training day alone was not enough to help them: more immediate help was required and a combination of helpful approaches was needed.

To enable the discussion to flow, some of the quotes from the results section are repeated. This was partly to emphasise the point and to help with future publications.

Chapter Seven: Discussion

7.1 Introduction

People have sought to understand the meaning of their lives and their experiences over millennia (Frankl 2006). In this search, they have explored how people describe their own and others' behaviour and social interactions (Brooks 2006). People, particularly health professionals, use these 'real life' descriptions in their reflections to help manage phenomena within their lifeworlds such as workplace conflict.

The phenomenon of conflict has a significant impact on the psychosocial health of individuals, groups and the interface between management layers and organisations (Rodwell and Demir 2012). This is of concern throughout western societies at all levels from the individual to the national and international arena. Conflict is a complex phenomenon and a large number of studies have been conducted in an attempt to understand it (Beersma and De Dreu 1999; Farrell 1999; Farrell et al 2006; Kivimaki *et al* 2011; Milam *et al* 2009; Morrison 2008; Nelson and Cox 2003; Quine 1999) and reduce its occurrence (Al-Hamden *et al* 2011; Aritzeta *et al* 2005 Barbuto *et al* 2009; Beumer 2008; Bowie 2010; Hendel *et al* 2005; Pavlakis *et al* 2011; Tinsley 1998; Vivar 2006).

To undertake this exploration of conflict within one health organisation, a multi-level mixed methods approach was chosen. This approach has been successfully utilised in other organisational science studies (see, for example, Frambach and Schillewaert 2002; Gelman and Hill 2007; Sampson 1988).

My study originates from organisational concern regarding conflict, a need to reduce this and an understanding of how organisational science within a sphere of social science, could use the multilevel approach to facilitate a more detailed exploration of this subject (Klein and Kozlowski 2000). The multilevel model (De Dreu and Gelfand 2007) allows investigation into the relational impact of conflict noted by individuals and teams within organisations and allows for exploration of this phenomenon within a national context.

The phenomenon of workplace conflict within healthcare is increasing. Incidents of bullying, violence and aggression are also increasing, with varied causes and wide-ranging consequences (Rodwell and Demir 2012). Analysing this data from an NHS

organisation can give insights into the perceptions of employees before a single training day, after the training day and then through interviews. The employees targeted to attend the training were ward managers, of whom four went on to be interviewed, as did two senior nurses and two executive participants. The training group was a cohort of thirty-six and the title of the day was 'Conflict Management.' The thirty-six participants also completed pre- and post-intervention questionnaires.

Training within large health organisations tends to be either mandatory or a clinical risk/skill acquisition. 'Conflict management' training recently has been established as a mandatory or core training requirement within health organisations as part of the UK-wide core skills training framework project (Skills for Health 2013). Mandating training can lead to groups of staff not wanting to seek the training but being told to attend. The training day was developed so that the organisation could achieve all of the mandated training suggested by Skills for Health (2013).

The evidence base for the training day timetable elements were broadly:

- 1) Defining workplace conflict/early signs (De Dreu and Gelfand 2007; Marquis and Huston 2006).
- 2) Conflict management styles/solutions (Rahim 2000; Thomas and Kilmann 1974).
- 3) Perceptual positions and consideration of others' views (Scannell 2010).
- 4) Mediation (Arnold 2000; Fox and Stallworth 2009).

The additional interventional education research utilised to formulate the training day was varied and encompassed insights from many authors (Chipps and McRury 2012; Dellasega 2009; Hales and Hawryluck 2008; Nelson and Cox 2003; Northam 2009; Oore *et al* 2010; Tinsley 1998; Thomas and Kilmann 1974; Ury *et al* 1993; Vivar 2006). The training in my study was designed to take place on a single day, blending together the mandatory elements with the acquisition of new skills.

This mixed method approach in one NHS organisation using a multi-level analysis of a single training day and follow-up interviews resulted in the development of a model of conflict alongside a description of conflict within this particular organisation. The

training developed ward managers' awareness and confidence in their own ability to manage conflict.

Robbins (1998) outlines five steps to take when considering conflict as a system. These steps served as a foundation to facilitate the analysis of the qualitative data generated from the semi-structured interviews. However, the end analysis resembled Almost *et al's* (2010) research interpretation of the three stages of conflict: antecedents, core process and outcome.

The discussion of the findings from this research is structured in three parts. The first part concentrates on answering the first research question and addressing the aims of the thesis. The second part addresses the second research question. Finally, the third part focuses on how my findings relate to and build on the growing theories on workplace conflict, and the emergence of the Conflict Application Tool (CAT).

7.1.1 Does a single study day on conflict management help ward managers to manage workplace conflict?

The data suggest not, although the training clearly raised confidence and identified an increase in awareness within the group of thirty-six participants. However, a single training day does not help managers to manage the occurrences of conflict: more is needed.

The results of the comparison questions from the pre- and post-intervention questionnaires showed that staff increased their confidence ratings in four different areas after the training. The first area was within their own skills at managing conflict, with fifteen participants increasing their confidence rating from 3 to 4 on the likert self-assessment scale. The second area was their knowledge of different styles of conflict management: seventeen participants increased their rating from 3 to 4, with one indicating in the post-intervention questionnaire that their confidence had moved to a 5 rating. The third area to alter was individuals' ability to see conflict situations from others' perspective: in the pre-intervention questionnaire, sixteen participants rated themselves 4, whereas in the post-intervention questionnaire, this increased to twenty-four. Sixteen participants in the pre-intervention questionnaire gave

themselves a rating of 3 for mediation skills: in the post-intervention questionnaire this increased to 24. These increases were all noted to be significant using the Wilcoxon test for non-parametric data.

This alone does not mean that this added confidence would transfer to an alteration in their behaviours and that these ward managers will go forward and be able to use this raised confidence daily to manage conflict. Mahon and Nicotera (2011) emphasise that training alone does not work. They describe the need to demonstrate to nurses in practice that avoiding conflict does not work, teaching in a role-modelling way.

The confidence of the group following a single study day appeared to show that participants valued seeing what their dominant conflict management style was. This was outlined using the Thomas and Kilmann inventory (1974), (Chart 5, Table 12), which indicates that the conflict management styles of the participants on the training day were predominantly avoiding and/or compromising. Similar results were noted by Hendel *et al* (2005) using the same inventory. Hendel's sample of fifty-four nurse managers noted that as many as 11% were using the compromising style of conflict management. A smaller percentage were using competing and collaborating. Interestingly, in this study, the staff did not alter their conflict management style, and the researchers saw this inflexible approach to different conflict situations as the reason why conflict in the workforce continued to yield negative effects. This particular study calls for greater training and education for nurse managers on conflict management. Morrison's (2008) study of 92 nurses using the Thomas and Kilmann Inventory (1974) outlined that 43.5% of the nurses were too dependent on using the avoidant conflict management style. Morrison calls for greater training for nurses and also suggests that prior to any training occurring, the organisational climate should be assessed. This places conflict in the wider context, linking it to informing the culture of an organisation.

Within my study, it was evident from a comment on the post-intervention questionnaire that knowledge of their individual conflict management style does not make people think they can then act differently. This knowledge alone will not help individuals to change their preferred style when faced with future conflict. The

following comment on the post-intervention questionnaire is an indication that people can dispute self-assessment results and not act on them:

WM: I do not agree with the style indicated as being my preferred style.

The answer to this question posed by this study is that a single study day alone does not help ward managers to manage workplace conflict. A single study day does, however, increase ward managers' awareness and confidence in their skills to manage conflict. It also increases their knowledge of different management styles and mediation skills, and their ability to see situations from others' perspectives. This emphasised to me that more in-depth explorative data was needed, especially pertaining to the recognition of early signs and how managers deal with occurrences of conflict in the workplace, and how they impact on them. The 'real life' accounts of workplace conflict were what I was looking to explore.

7.1.2 To explore the 'real-life' context of conflict management within the organisation considered against a multilevel conceptual model.

Investigating the literature, many studies had addressed this topic using survey methods (see, for example, Al-Hamden *et al* 2011; Whittington and Wykes 1996; Yilirim *et al* 2007). Reading these studies led me to want to know more about the true staff experience, allowing staff to speak about conflict and how it had affected them, and generally exploring their experiences of it. My premise when entering this process was not to rigidly guide but to genuinely explore the subject through the participants' experiences.

A conceptual framework was useful as a basis to explore the complex phenomenon of workplace conflict, as it allowed the topic to be examined within set parameters. The multilevel model developed by De Dreu and Gelfand (2007), with the workplace conflict phenomenon overlaid upon it, which I further adapted to specifically fit an NHS setting, was very helpful in this regard. Many of the themes within the conceptual model were noted within the semi-structured interviews as themes within my study: more than within the questionnaire analysis. An example of greater depth of exploration being sought came from two questions within the questionnaires. Participants were asked about the importance of noticing the early signs of conflict and all thirty-six participants said this was important. It was also evident that thirty-

four out of the thirty-six had experienced workplace conflict. Within the interviews, I was able to explore these two questions in greater depth; this generated the staff talking about experiencing the early signs of conflict through their senses as 'feelings', or an 'atmosphere'. It also allowed for staff to reflect on incidents they wished to discuss that they had considered as 'conflict'.

For my study, a mixed- method exploratory approach helped to form an almost three-dimensional (3D) image of the complexity of the situation. Enabling me to explore the structures in the organisation and the different views of staff at differing levels. Exploring the phenomenon of conflict and placing all these elements together over a period of time and in a political context. There appears to be a dearth of studies that have achieved this level of exploration. Four broad categories of research were explored as a foundation for this thesis: 1) Studies that focused on the conflict interaction itself; 2) Studies that focused on interventions to manage conflict; 3) Studies that focused on interactions between specific colleagues that might lead to conflict, such as nurses and doctors; 4) Studies that mentioned the country of origin without noting the political elements. Most studies only managed to fall into one of these categories, although a few noted two categories, as outlined below:

Studies that focus on the conflict itself included the works of Beersma and De Dreu (1999), Farrell (1999), Farrell *et al* (2006), Kivimaki *et al* (2011), Milam *et al* (2009), Morrison (2008), Nelson and Cox (2003) and Quine (1999).

Examples of studies that focused on interventions to manage conflict include the works of Al-Hamden *et al* (2011), Aritzeta *et al* (2005), Barbuti *et al* (2009), Beumer (2008), Bowie (2010), Hendel *et al* (2005), Pavlakis *et al* (2011), Tinsley (1998) and Vivar (2006).

Examples of studies that focused on interaction with specific colleagues conflict include the works of Aritzeta *et al* (2005), Estry-Behar *et al* (2011), Hendle *et al* (2007), Jansen *et al* (2006), Mohammed and Angell (2004) and Patel *et al* (2008).

A number of studies mention the country of origin, with minimal or sometimes no elaboration on the political context: these include Al-Hamden *et al* (2011), Farrell *et al* (2006) and Tinsley (1998).

None of the past researchers address all of these elements in one study, noting the layers of complexity and different views of conflict and its utility in one organisation at a given point in time. This is this study's unique contribution to the literature, and its legacy is the application of the Conflict Application Tool (CAT). Taking this unique approach led to the solutions being generated by the words of the participants. The CAT summarises the problem and moves individuals through to areas of potential management of that problem.

Many of the abovementioned studies were solely dependent on survey results to achieve their findings. This restricted the researchers' ability to explore the topic in the participants' own language and from their perspective. Specific examples of this were Al- Hamden *et al* (2011), Aritzeta *et al* (2005). Beumer (2008), Farrell *et al* (2006), Milam *et al* (2009), Mohammed and Angell (2004), Morrison (2008) and Tinsley (1998).

Hendel *et al's* (2005) study of Head Nurses (described as ward manager level) used a survey method to reveal how these staff stated that they dealt with conflict. They also described how that approach often leads to a lose/lose situation for staff. Reading this study initially made me want to investigate what approaches the Head Nurses had tried: to explore their lived experiences of when conflict occurs. My study adds to the research by questioning the ward managers and the individuals who manage them and then the organisational executives. This approach helped me to build a picture of how ward managers view conflict and might fear a counter-claim, whereas senior nurses' view of conflict is that it is their role to sort it out. The executives' view of conflict is that it is necessary to move decisions forward. This multilevel view highlights that conflict can be seen as a useful tool. This multilevel approach, involving individuals at three different levels of management, contributes to the mixed methods approach, allowing the ward managers to talk about their managers' support in 'real life.'

The problem with asking people to speak about their experiences of workplace conflict is that this can be traumatic, and participants did not readily come forward. This might have been a determining factor in the choice of survey methods in past research. An example of the difference gained from the interviews, which

emphasised the 'real-life' element to the research, is evident in this exploration of the early signs of conflict:

WM Lisa: You can feel, if you can sense it, you can see it in people's faces, whether they are smiling or not, just general body language or behaviour, right from the start. I think people bring in conflict as well from the outside.

Lisa outlines here that the early signs of conflict in the workplace can be with the individual as they walk into work from home. Lau *et al's* (2013) survey study of 204 undergraduate students and their parents describes the impact of work on employees' family stress and notes how this can affect the quality of their work. This is when the demands of one role make the performance of another role more difficult. Just as work roles can spill over into family roles, so too can family roles and responsibilities impact on work roles. Within my study, the senior nurses' words noted in Table 20 (Chapter 5) emphasise this. The participants in Lau *et al's* (2013) study were not asked to identify the early signs of conflict or to offer any solutions. Within my study, the early signs explored varied between the levels of staff interviewed. An early sign of conflict determined by both senior nurses was described as the emergence of e-mail conflict:

SN Helen: The volume of e-mails that might get generated by a number of things, the fact that the person who was asked the particular question in that e-mail chain has not answered. I realise that there might be something wrong; I need to resolve, I need to ring them. It is more implicit than explicit 'cos I am a bit removed from it."

Clark (2008) describes how e-mail task allocation is increasing in the workplace, this leading to an increase in e-mail conflict. My research adds to this insight by describing e-mail monitoring as an early sign of conflict. This gives us an insight into communication within a large organisation. It shows that face-to-face interactions might not be achievable in a tight timeframe. Here, Helen discusses a strategy that she has developed to help manage this sort of conflict: telephoning the individual to check the situation out.

Conflict situations can occur in any setting. Healthcare in Wales is influenced by the national context in which it sits. This excerpt highlights how national changes can lead to tensions in individuals' workplaces:

WM Carla: *A lot's going on, with all these targets and everything we've got to meet. The main thing about running my department is my staff and they are happy.*

The national discourse to which this excerpt alludes is the introduction of performance management targets into the Welsh NHS. These targets have grown in importance over the last five years within the NHS and have started to penetrate the language of the ward managers. The Welsh Government Workforce and Financial Framework for the NHS in Wales (2010) introduced the need for organisations to meet their targets for the population that they serve. This is a pressure outlined in Carla's words. Tinsley's (1998) study in three different countries advises that managers need to be taught the national context where they manage, to help them deal with conflict within the culture of the nation. The national context clearly needs consideration when considering a systematic approach to help an organisation manage conflict. In my study, the executives referred to the national context the most, describing the interface between them and the government (see Table 21 in chapter 5).

In summary, before starting this thesis, there was a need to understand the research that had already been undertaken. This allowed me to see what I wanted to do differently. I was observing a complex phenomenon in a multilevel hierarchical organisation. It was in this context that it needed to be explored. Introducing this model helped me to see that different levels of the management tiers in organisations experience conflict differently. Here, the example of noticing the early signs is given, with ward managers talking about people bringing conflict into work with them from home. Conversely, the senior nurse cited above talks about e-mail conflict. Many conflict situations will be discussed later in the discussion, but examples are given here to place this study in its context of the pressure of national targets on clinical environments where teams work.

7.1.3 To determine ward managers' ratings of their own abilities in managing conflict in the workplace before and after a training intervention. The training intervention was a single day's skills-based conflict management training.

In my study, thirty-six participants undertook the training day and their scores were analysed using the median level of confidence. The median was chosen because it was the mid-point of a scale, as opposed to a mean, which is the average of a sum.

The Mid-point scale worked better in my research as each rating had its own value and they were not to be added up. The ward managers' own confidence in their increased skills to manage conflict was an overall Likert rating of 3 in the pre-intervention questionnaire and 4 following training. This might reduce over time; however, four weeks after training, the median confidence rating had increased (Chart 4).

The skills discussed on the training day were defining workplace conflict/ recognition of early signs, conflict management styles/ solutions, perceptual positions and consideration of others' views and mediation.

Defining conflict and recognising the early signs were recognised as important by all participants in the pre- and post-intervention survey and the interviews. Brough and O'Driscoll's (2010) review outlines boundaries for employees between work and home, describing them as permeable, such that home life can impact on work and vice versa. Pahl *et al* (2008) argue that conflicts do not suddenly 'crop up', describing the ability to recognise the early signs of conflict as a key managerial skill. They describe how noticing changes in employees' mood, tempers and mannerisms and heated atmospheres when walking through the work environment can help.

The literature on styles of conflict management, such as the works of Al-Hamden *et al* (2011) and Rahim (2000), describes an overuse of avoidance as a style to manage conflict. In my study, all participants valued understanding their conflict management styles. This does not mean that knowing that they had different styles would lead to them actually using them.

Within the training day, a skills exercise was undertaken to help participants view a situation from another perspective. This led to improved ratings of ward managers saying that they were better able to view a situation from another's perspective after the exercise but no parallels can be drawn here to observable practice. This excerpt highlights the early stages of mediation where the manager is taking the role of the mediator in a situation. Carla describes her struggle with this skill:-

WM Carla: Then to get them both in to listen to each other, it's quite a hard thing, 'cos even I wanted to interrupt... but I stopped myself.

Miles (2010) considers that mediation or negotiation can be a preference that actually some people are able to do and others just do not want to engage in. Some of the ward managers interviewed liked mediation as a conflict management tool, whilst others discussed it as a hard option and not always effective. Arnold (2000) describes how the success of mediation hinges on the unbiased nature of the mediator. It is difficult as a manager to be unbiased when dealing with conflict in your own team. An external mediator might be preferential, but this can take time, which is a scarce resource in the clinical setting.

The WMs' confidence in all the skills covered on the single training day increased. It is an important point that the ward managers' growth in confidence does not necessarily indicate a change in actions.

7.1.4 To articulate the experiences of participant ward managers senior nurses and executives of conflict within an NHS organisation.

The experiences of recognition of conflict and its consequences, such as how the different levels used their management power, were surprisingly varied at all levels.

Consequences of conflict also varied, such as how conflict in work affects staff's outside life. The ward managers and the senior nurses described this. The executives did not. Finally, being able to view conflict as a system emerged here and helped me start to see how we could use conflict as a system to help managers utilise it better in practice.

The participants discussed their experiences of conflict, describing power differences as a cause of workplace conflict. This has been categorised by many authors (Booij 2007; Beumer 2008; Frazier and Azoulay 2010; Nelson and Cox 2003). Power is discussed in the literature as having the propensity to cause conflict (Schein 2010) and can lead to individuals modifying their behaviours. Rollinson (2005) argues that power is something that can be found in management or positions of hierarchy. Participants in the interviews used the term 'manager' differently:

WM Sara: Your senior nurses and that, they dictate down, then you put what they want out to the team and then it's not always supported even though it's their decision.

EX John: *What happens with power in a democracy is that power goes up and the management structure goes down. You think you're in a power structure that goes up, when actually the power structure goes down.*

It is important to consider power: the foregoing excerpt by John describes how power moves in a hierarchy. Power is not, however, synonymous with hierarchy and management: it can be a character or an ability to organise or resource. For example, individuals with a low hierarchical role in the NHS such as healthcare support workers, indicated in the excerpt below as '2s and 3s', in reference to their pay banding (AfC 2015), might nonetheless have power within a given setting due to age or experience, despite having no managerial responsibilities or true organisational power for decision-making. The role of experience over hierarchical power is observed by Frankie:

WM Frankie: *We've got some longstanding 2s and 3s who have been in the ward for about twenty years. I think that probably in the past, they've been allowed to do what they want all the time and how they wanted.*

Here employees have assumed power over the clinical environment. This could be due to their age or their experience in the setting. Specific roles have certain characteristics, and these too can cause conflict. Paton's (1983) insights describe how employees at any level can use intimidation, control working environments and undermine managers above them.

The De Dreu and Gelfand (2007) model also discusses job characteristics as a source of conflict. This is reflected well within the following excerpt in which Nia discusses staff not addressing all aspects of their role:-

SN Nia: *It obviously had not been dealt with 'cos she said she had had training three years ago and didn't want to deal with it. So I said I would like to meet with her. So I arranged to meet her....It wasn't really my job but the team... were not going to deal with it. I did say to the sisters 'I don't want you to be running me down to this nurse, because the least you can do is support me, because I am doing your job, essentially.' Anyway, she chose to retire as a direct result of this.*

The three overlapping themes here are 1) management doing other people's role, 2) the length of time it took to address this issue with the member of staff and 3) the employee choosing to retire rather than change her job activities. The option of leaving a job relates to turnover. Nia's excerpt describes a manager undertaking their role.

Management has a clear role to play in making conflict better or worse in clinical settings. WM Sarah asserts how her feelings are not even considered because she is in a management position:

WM Sarah: I don't have any right to have any respect or feelings because I'm in that role and that is my rank.

This excerpt suggests that managers have to hide their feelings. Frankie's words define admirable qualities in a senior manager:

WM Frankie: He's a good manager... he's ... a little bit closed off but it kind of serves a purpose, in that when he says something, people do it, because he is friendly on the ward, and he chats to staff, but he doesn't socialise with them, he keeps a very firm boundary around things.

Here Frankie is reflecting on how this senior manager communicates with a team, keeping a safe distance. Conversely, Carla calls for more senior manager involvement:

WM Carla: Managers need to come down and meet the staff.

Carla reflects on how managers above her level could learn by visiting staff more, especially when delivering pivotal communication about organisational change, as this would be helpful and supportive to the ward manager role.

Change is seen as a cause of conflict and Lewin's (1946) seminal work describes change agents engaging with considerable conflict. Andersen (2006) discusses conflicts occurring during organisational change, involving interpersonal relationships, and here we have two examples, both involving management. This further illustrates that role changes can lead to conflicts in organisational change: in

this case, it was when a manager asked staff to tell other staff to do something they had not had to do before.

Within my study, some of the participants interviewed discussed how their line managers could have approached things differently and how that would have avoided the negative impacts of conflict.

In Sarah's reflection, the role of the change agent is described using words such as 'pushing' and 'driving' the change. Sarah's change also emphasises the financial issues that health professionals have to deal with.

WM Sarah: like even down to stock, if we reduce stock in the area... it was needed, stock was going out of date. I think we had about £10,000 worth of stock out of date, recovery came out quite well, we reduced our stock down, but just to get that change in. And if I wasn't a driver pushing it through, keeping reassuring the staff it's needed, reinforcing it at meetings and briefing, we're came out as doing a good job.

Slow, incremental changes are more effective than quick fixes. Sarah's narrative explores how a change that brings with it an innovation or improvement can still be viewed negatively and also requires reassurances.

There is a growing culture of improvement and innovation within the NHS, described by Hughes (2008) as a movement. However, changing traditional practices can lead to conflict: this is described as 'task conflict' by Booi (2007). When systems improve and research changes practice, some professionals still want to hang on to the old ways of doing something whilst others move on more quickly to the new improved way of doing the task.

Frankie's words here show how qualified staff (indicated as band 5s: AfC 2015) can be frightened to address issues with more experienced staff who are lower down the hierarchy than them.

WM Frankie: The 5s, um... a lot of them want the change but they are scared of it...but also they are scared of reinforcing it to the 2s and 3s. We've got some longstanding 2s and 3s who have been in the ward for about twenty years.

In Frankie's example, the staff lower down the hierarchy intimidate the qualified staff with their years of experience. This highlights an undermining of management's self-

esteem in the clinical setting. Bentley *et al's* (2009) study concurs with this finding by describing how managers with low self-esteem cannot stop things from going wrong: they do not have the confidence to cope in advance of issues occurring, or the ability to deal with the consequences.

Consequences of conflict are touched upon in my study, highlighting the individual SN's self-image as important. When Nia requests that the sisters she perceives should be managing this do not speak badly about her, '*running her down to this nurse*', she is protecting her self-image or cognitive state.

A cognitive state is a self-image held by someone of himself or herself, which allows them to work affectively. Cognitive and affective states are among the early signs of conflict in the De Dreu and Gelfand model (2007). Alteration in cognitive and affective state might occur prior to and during conflict. EX Barbara observed changes in the cognitive and affective state of one of her team members prior to them considering retirement from work. The team felt the impact in this instance. Erosion of a cognitive and affective state can affect an individual's wellbeing, physical and mental health. Wellbeing and health were discussed by the participants in this study as being affected by workplace conflict. All participants in the semi-structured interviews discussed noticing emotional and physical effects. Examples are:

WM Lisa: *At this point I became quite hysterical.*

WM Carla: *I need to take a step back 'cos I have been really close to burnout, a couple of years ago.*

This was a theme in the literature, with some researchers focusing on the emotional impact of workplace conflict (Bell and Song 2005; Cox 2001; Yin Chou *et al* 2011). Staff conflict can be detrimental to employees' health and wellbeing, and this was seen in the open comments of the questionnaires as well as the interviews, and is reiterated by Beumer (2008). The effects of conflict on staff can lead to sickness but also to an increase in the instances of formal grievances or tribunal cases in an organisation, which increase organisational costs (Morrison 2008; Nowland 2005).

One consequence of conflict noted in the De Dreu (2007) model that affected individuals was stubbornness. This was not specifically mentioned within my study,

but behaviours were explored that could have been interpreted as stubborn or dogmatic. Outlined here in John's words:-

Ex John: We get stuck; we keep coming back to the same issue, we just don't seem to get past it. Somebody looks uncomfortable. Someone gets cross or upset. We can have verbals, not turning up, using their laptops, disengaging. It is important to allow the space.

This excerpt describes a disengaging behaviour – almost sulking – following or during conflict. Staff can be so disengaged that they might leave an organisation.

WM Sarah: Conflict in recovery, I mean I know I'm not the only line-manager who has it, in our recovery. People have left because of it, because they can't manage it.

This is often termed 'turnover' in organisations. 'Recovery' here is an environment of care in theatres within the organisation. The managers at all levels describe how conflict is part and parcel of their roles.

Unmanaged conflict can lead staff to experience stress and job dissatisfaction, turnover and low morale and Valentine's study (2001) outlines that one way of managing conflict is to help and support staff to handle conflict through managing their emotional intelligence (EI). Goleman's (1999) theory of emotional intelligence develops the thinking further by noting that people who have high EI show greater motivation, self-awareness, self-management, social awareness and relationship management. Morrison (2008) asserts that when conflict is approached with high levels of EI, it creates opportunities for learning effective interpersonal skills that can enhance team working. If conflict is unmanaged or hidden, then it can manifest eventually as emotional exhaustion. The excerpt by Carla describes her experience of 'burnout' some years earlier.

Generational differences in staff can lead to problems of incivility and attitude conflicts (Leiter *et al* 2010) and these differences have been highlighted throughout history as categorising whole generations as having broadly the same values, beliefs and attitudes. Leiter *et al* (2010) note how human resource professionals utilise this theory to try and explain differences in staff, categorising them as 'Baby Boomers', 'Generation X' and 'Millennials/Generation Y'. Strauss and Howe (1991), who considered this theory, generalise population traits based on the global occurrences

at the time when people were growing up, such as being born in the post-war years or, as with Generation X, individuals who might be more likely to be brought up in single-parent homes. Leiter applies this theory to nurses in his study, suggesting that nurses who are of the Generation X period might be more open to new technology and change and this might lead to conflict between them and the baby boomers in the same workforce or team. Baby boomers are described as appreciating loyalty and understanding austerity; they are also categorized as liking recognition from authority. Age in my study was paralleled with the De Dreu and Gelfand model (2007) as an underlying issue that might be present before conflict occurs; conflict issues around age emerged as being related to equality-protected characteristics:

WM Frankie: God, this is going to sound ageist even though it wasn't about me. Because they knew it was me who had made the complaint then another member of staff had done so with me and they in the investigation process, they kind of got back at me, got witnesses against me, saying I didn't like working with people who were older than me. It was incredibly difficult.

This describes an allegation of ageist behaviour against a manager. Throughout the interview, this was depicted as retaliation, as the manager was managing the individual for a disciplinary offence. Therefore, the person being disciplined made an ageist allegation as a counter-claim. Stanford (2007: 215) describes this sort of situation as a 'blame culture', defined as blaming someone else to deflect attention away from the original person's situation. In this study, age was considered, along with experience and gender, under the term 'equalities' in the antecedents section of the analysis.

Gender as another protected characteristic was mentioned by the ward managers but not the senior nurses or the executives. Leiter *et al's* (2001) research outlines differences in perceived risk of conflict and abuse between female and male workers, with females perceiving a greater perceived risk of verbal abuse and males perceiving a greater risk of physical abuse. Within my study, Carla describes how single-gender workforces can generate their own frustrations.

WM Carla: but I just think, that's women together – they will complain, and certain things upset them and some things are so trivial.

These words seem to emphasise that low-level trivial conflict of a verbal nature is evident when women work together. Communication is described by Handy (1995) through the use of models and typologies of organisations; however, human communication is not a precise science and humans as employees in large organisations can bring their own emotional ways of communicating to work with them. This can lead to conflict. Goleman (1999:266) discusses this as initially 'not communicating', then making assumptions, and finally jumping to conclusions and sending a hard message. This describes a situation when communication breaks down from the beginning, through an overuse of a style such as avoidance. The ward managers did talk differently about conflict compared to the senior nurses and the executives

John describes how not harmonising or rescuing conflict can also be beneficial.

Ex John: Allowing quite a testy conversation to work its way out is quite tricky. My initial mind-set might be to rush in and sort of rescue it, but we have to watch that, 'cos if you don't have it out it can be bad. It needs to be done in a productive and useful way. That is probably not going to be the right thing to do. It is probably not a good idea to oppress conflict by trying to be kind or caring.

This was where I started to learn that we should be using conflict situations and applying them rather than fearing or avoiding them. The ward managers talk about avoiding conflict and the senior nurses discuss intervening, which they see as their job, wanting to 'sort it out' and restore harmony; however, John in this excerpt discusses using a 'testy conversation' to get to the right outcome. This is what my study adds to the literature: different levels in one organisation view conflict differently.

The executives in my study did not talk favourably about having group heterogeneity. They described it to be more useful to have critics within the team, to avoid 'group think,' or, as Barbara notes, 'yes men'. Conversely, the ward managers mention that every team had one or two members within that were problematic. This means that managing the critics in teams can be challenging. Here again, we can see how different levels of management view conflict differently.

The need to guard against a work setting that is too harmonious is described by senior participants in my study. Whyte (1952) discusses 'group think' as a state

borne out of fear of upsetting someone or looking stupid: therefore, employees stay still to preserve their self-image; they do nothing.

Participants in the semi-structured interviews described escalation as a consequence of conflict, noting that escalation can be a means of protecting the 'self'. All of the participants noted escalation to Human Resources (HR) as a formal means to try to resolve issues. Faragher (2015) describes how, after all local means of dealing with conflict in an adult way have failed, many conflicts move through to an HR process. This indicates that managers might feel isolated and need support whilst addressing these issues in practice. The vulnerability of managers who manage teams is evident: they are truly expressing their desire to protect themselves.

Managers in my study outlined that a few members of a team could often cause problems for the whole. Team motivation, performance and membership were also discussed. There was an emerging concept of most teams having one or two members who were more problematic, hindering performance, motivation and the team's ability to innovate.

Within my study, Helen outlined the different roles she had noticed that she had taken in teams and how this varied when she managed a team:

SN Helen: I suppose there is often a general issue within teams, and I think depending on what role I am in when I am in a team, for example if I am part of the team, it alters my way of viewing it. If and when I was part of that team and there was a conflict I would not want to make the peace. But each time you get promoted and move away from that team, I become, I get a bigger sense of responsibility for fixing it. The more promotion I get, the more responsibility I feel.

This shows a conscious decision to be part of a team and not resolve conflict, and then the difference when she was elevated to a management position, in which she would seek to resolve the conflict. Managers' views of being part of an organisation also varied and gave an indication of how much they felt part of the overall organisation or not.

WM Carla: *The new chief exec wants us to work as a big team, but I think they, they forget how to introduce things into a department.*

Carla here is talking about the organisation as something external to her, as the ubiquitous “they.” Within the senior nurse group, Nia struggled with the idea of an organisation, and the isolation of the senior nurse role is highlighted in her words. The executives talked about the organisation in terms of using “we”. This indicates that the executives in the organisation feel part of a whole team, which may not be the same for every layer of the hierarchy. This difference in perception later leads to a different view of the support needed by the tiers in management to manage conflict.

WM Frankie: *“I think it’s the support of senior managers, knowing that if a complaint about me was going on, that it was done in an appropriate manner.”*

SN Helen: *I have coaching. It is hard sometimes to make it happen 'cos you're thinking 'that is half a day out of this week and I have not got any other time'.*”

Here we hear the ward manager describe the need for senior support, and the senior nurse discuss seeking coaching as support.

Finally, viewing conflict as a system in my study paralleled the De Dreu and Gelfand (2007) model, with additions such as the consideration of time: conflict having a beginning, a middle and an end. This temporal aspect emerged through the participants’ interviews: they all told their stories using this structure.

Viewing conflict as a system has been helpful to me, as it is easier to conceptualise a system and it can be categorised and explained to others. The CAT emerged as a system from the data analysis for my study, noting that the conflicts discussed by the participants had antecedent elements, actions (cause and effects) and happened over time. Participants discussed a system of conflict within an organisation that leads to conflict being an indicator of organisational culture.

In summary, the participants in my study had varied experiences of conflict related to their positions within the organisational hierarchy. Their own power and the power of the staff in their teams impacted on conflict occurrences. Management positions and the characteristics of undertaking such roles also led to conflict: this especially

seemed to be evident as managers tried to change clinical environments or practices.

The experiences of conflict led to the consequences of staff experiencing stubborn behaviours, staff turnover and general difference identification, originating in the equality-protected characteristics: in this study, age and gender became apparent. In other studies, race (Yildirim *et al* 2007) and conflicts between work and home roles (Gordon *et al* 2007) were evident. Communication style differences could lead to conflict or help overcome it. Team working and a few members of teams can cause conflict.

Finally, the concept of conflict as a system originated from this exploration and helped me to formulate a view that if all managers could consider conflict in a systemic way, they might start to understand it as a process and not fear and avoid it as they had been doing. A systematic approach might lead to them addressing it proactively.

7.1.5 To ascertain what improvements, if any, need to be made within the organisation to help manage conflict.

The ward managers all thought some improvements could be made within the organisation, discussing such things as signposting, support of managers, education courses and mediation as being helpful. The senior nurses and the executives discussed interventions such as team meetings, listening and acting on the early signs of conflict, communication style alterations and training time.

Knowing at a glance where to get help when you have a situation was highlighted as important in my study, but not in any others that I read. Good signposting is needed to guide ward managers towards the help from various organisational departments offering practical advice when staff are faced with situations that can seem like conflict.

WM Carla: You need direction, signposting to tell you where to go to get this and that.

No one asked for longer training, but participants did request more practical interventions to help them in the moment when the conflict was happening, particularly signposting and support for ward managers.

Support of managers from the various levels of participants was mixed. The ward managers mentioned that they had partial support from senior nurse managers but wanted more. The senior nurses sought their own support and one of the executives said their personal resilience helped them.

WM Frankie: I think it's the support of senior managers, knowing that if a complaint about me was going on, that it was done in an appropriate manner.

Here, there is a call for support to help managers working within a counter-claim culture. Venturato and Kellett's (2007) research adds to this by describing how the role of sensitive management through change can make the difference to nurses at the clinical level. It can also affect the success of the change.

WM Carla: Since going on the conflict course and learning how to sort of reach each one going on, that helped me. Before that, I struggled a bit: it's only courses like that that teach you things. I don't know who to go to – there's no directory in the hospital to say 'this person is good'.

Stanford (2007) describes that managers sense of whether or not they are being supported can be one of the blocks that can inhibit change, as there is a fear of the counter-claim in organisations.

The ward managers all discussed having had experience of undertaking mediation:

WM Lisa: If it is just junior staff and there is an argument, then you say 'right. come on.. let's get in a room and sort it out', shake hands at the end of it and off you go. I have done that.

This appears to be pertinent for certain situations but is only one of the solutions that might be used. Mediation skills can be beneficial to staff to help them manage conflict in the workplace early (ACAS 2015). The mediation skills exercises undertaken on the day were clearly useful, but there is a need for more experienced mediation. This need was also identified in the All Wales Dignity at Work policy

(2011). The communication skill of mediation is a skill that requires time and practice, and in the clinical setting, that might be difficult to achieve.

Team meetings were noted by the participants as being part of the solution and also sometimes part of the stress that can surround the problem: one participant likened them to 'boxing rings'. Large meetings are noted to be stressful and might even evoke a lack of staff interaction.

Helen, a ward manager, raised the issue of over-familiarity in some areas:

SN Helen: We have all worked alongside each other, been various grades, and to suddenly find myself sat this side of the table trying to facilitate two people...was difficult.

Helen here is describing how over-familiarity with colleagues can hinder her communication style and negatively affect a situation.

Ex John: If you are normally quite a placid person, it is quite powerful when you stop being placid for a moment.

Altering one's communication style is seen as one way to show power in a situation. These are difficult skills to train people to do: offering safe skills practice is one means of addressing this, but it still might not mean that employees alter their behaviour.

Two systematic reviews of the literature surrounding conflict in the workplace with clinical staff call for prevention strategies and values, as well as evidence-based communication skills, team interventions and family to work conflict insights for managers, leadership, and more staff interventions (Frassier and Azoulay 2010; Taylor and Rew 2010). These writers' findings are similar to mine in that they call for training for clinical staff on communication skills. They also identify how staff can bring stress from home to work and this makes them less able to deal with work pressures. Differently to my study, these systematic reviews call for restored leadership in clinical settings to help overcome conflicts on tasks and patient care. Management was seen as important in my study: EX Barbara's words in Table 25 highlight this.

Table 31: Examples of researchers who call for training of nurses to improve conflict management

No	Researchers	Research that calls for training
1	Al-Hamden et al (2011)	Training programmes for nurse managers
2	Aritzeta et al (2005)	Team development programmes
3	Booij (2007)	Conflict management training at undergraduate level
4	Leiter et al (2001)	Tailored programmes for individual groups
5	Mahon and Nicotera (2011)	Postgraduate nurse training in practice settings
6	Tabak and Koprak (2007)	Undergraduate nurse training on organisational theory, problem-solving and conflict resolution
7	Vivar (2006)	Further courses on conflict management for leader nurses

Table 31 gives examples of the past research that calls for training of nurses at either undergraduate or postgraduate level, or for senior leaders. In my study, training alone was not seen to help change the impact of conflict on nurses.

The participants of my study discussed many interventions that could improve the organisational ability to manage the occurrence of workplace conflict. Improvements were signposting, support of managers, education courses, mediation, team meetings, communication styles skills acquisition and training time.

7.2 How do managers at varied levels in the same organisation view conflict?

Within my study, there were different perceptions of workplace conflict in the three management tiers that I interviewed. Ward managers discussed their experiences, noting their fears of counter-claims. Senior nurses discussed having to go in and sort things out; here, the concept of choosing the right time was introduced. The executives discussed conflict as being necessary to move situations on. Finally, in

answering this question, differences in the perception of time, and the utility of time emerged, along with the more effective use of time to plan to manage conflict.

The ward managers discussed face-to-face conflict and raised real experiences, such as a whistle-blowing disclosure of medical and nursing conflict. Conflicts in the relationship between nurses and medical staff have been discussed at length in the literature (Booij 2007; Hendle *et al* 2007; Rice *et al* 2008; Tabak and Koprak 2007). Tabak and Koprak's (2007) study of 117 nurses determined that the nurses' lower level status compared to their medical colleagues led them to be more likely to choose obliging and avoidance skills to resolve conflict rather than collaboration or dominance. This led to them showing signs of increased work-related stress. In Rice *et al's* (2008) study to help teach nurses how to manage their interactions with doctors and families of patients, the researchers called for a buddying system in which junior nurses are paired with more senior colleagues to help them learn how to manage conflict. None of the ward managers in my study requested this: they specifically asked for the support of their senior managers to manage conflict in case they were complained about.

Within my study, the participants suggest that managers need to be assessed for their preferred style of managing conflict and to go on courses to learn how to manage conflict themselves. This would mean that the senior nurse above them could then best support them in their role. Support was against a counter-claim culture especially seen as essential. Stanford (2005) describes middle managers who have the support of their seniors as being better able to manage conflict regularly. This counter-claim culture is described in my study:

WM Sarah: Sometimes it is a self-need: say you have said to someone that something can't happen, they'll deliberately try to cause a bit of conflict to distract from themselves.

This describes a type of sabotage reaction to conflict occurrences.

The senior nurses who managed large teams, often spanning community and hospital-based settings, discussed the emerging trend in e-mail conflict. Aritzeta *et al* (2005) discussed how virtual team-building is needed as structures alter and managers at senior levels manage wider, more varied teams.

Pearson *et al* (2001) describe incivility as sometimes something as simple as a manager failing to award public credit to an individual for his or her work on a project. This perceived slight can lead to conflict in the workplace. The staff member might feel shunned by the action. Faragher (2015) considers that conflicts can often start with individuals becoming fixated on their own beliefs or expectations for a certain outcome, describing how employees can sometimes wrap their self-esteem up in the external situation. This can lead to fear and toxic atmospheres at work. Organisations need to build a conflict management system with the managers working within them, seeking their views and not undermining their decisions and authority or power in practice (Faragher 2015; Stanford 2007). All participants in my study recognised the need to show value to their staff, making time to say ‘thank you’.

The emerging concept of time leading to conflict is evident in Mohamed and Angell’s (2004) study, which reiterates the importance of managers’ perceptions of time. The managers were asked how frequently conflict occurred, and the responses showed that all participants felt that it was a large part of their managerial day. A similar conclusion was reached through the participants’ interviews in the present study. Other areas relating to time included how conflict happened over time, with participants noting that a large-scale conflict it might takes years before resolve was obtained. This was evident in the narratives describing the whistle-blowing incident between a nurse and a clinician and another incident involving potential ageist behaviour: both lasted nearly two years. Managers interviewed still displayed emotional upset whilst describing these occasions. Senior nurses and executives also introduced the concept of not having enough time. Time as a resource was mentioned:

SN Helen: What is missing is my thinking time. This might be my newness in my job – only one year. I am quite a quick thinker but it would be good to be able to plan for things: quite often I have to address these things and I don’t have time to plan for them.

EX John goes further and describes the present concept of time within this organisation as “*a frenzy.*” It is hard to have planned interactions that might be awkward when the work is so busy you might not have had time to plan what to say or have chosen the best time.

The frequency with which workplace conflict occurred was evident, and it sometimes occurred over long periods, even years. The more serious the conflict, the greater the amount of time it seemed to take. This led to the introduction of the notion that there could be a beginning, middle and end to conflict as alluded to by De Dreu and Gelfand (2007), reiterating Robbins's (1998) process of conflict. This concept requires greater research, as the participants all discussed time as impacting on conflict in various ways:

WM Sarah: I don't know whether it's the beast ... of recovery... but they have a lot of time on their hands and they are really busy and then they have a lot of time on their hands and then really busy.

SN Nia: But I had to pick my moment.

This suggests that there are better times to have conflict: planning time is seen as being valuable to improve outcomes, potentially reducing the risk of staff going off sick or operating from a place of sabotage whilst in work because they do not feel valued. This awareness of time as a resource allowed for the introduction of the time indicator to the CAT. Within the CAT, conflict can happen at the right time, and when individuals have plenty of time, for the best results. The two axes are useful to allow managers to determine whether they have time to undertake a potentially conflict-evoking conversation or not. If it is the wrong time and the conversation is undertaken in a rush, then conflict is more likely to ensue.

In summary, ward managers relayed more conflict situations that surrounded face-to-face interactions: they required support, as they feared the counter-claim culture. The senior nurses experienced greater e-mail conflict, and as I talked to the senior nurses and the executives, the concept of time emerged. Senior nurses wanted thinking time to manage situations. All managers interviewed provided evidence that conflict appeared as an everyday part of their working life. All discussed the need to value their staff within teams and to show the staff they were valued.

7.3 Comparison of this study's findings with the De Dreu and Gelfand (2007) conceptual model and the emergence of the Conflict Application Model.

My study adds to the De Dreu and Gelfand (2007) model by noting patient considerations when addressing conflict and also acknowledging the influence of life outside of work upon workplace conflict. It describes inter-professional conflict,

indicated in the whistle-blowing narrative, and additionally outlines a number of potential solutions to conflict, such as regular meetings, mediation, communication, training and support for managers. Time also emerged as a tool to help manage the negative effects of conflict.

These excerpts highlight the effects that conflict has on patients:

WM Frankie: you need to speak to each other...it affects everything...it affects our patient care if we are in conflict because we have to work together, we have to be all on the same side and doing the same thing.. 'cos if everybody is doing different, then you get conflict with the patients as well, and that causes massive problems in the team.

WM Carla: I was thinking about, was to perhaps get someone in to, um, to talk to staff... time to manage conflict. Because conflict is not only between staff....there is patients, patients' expectations are getting bigger, sometimes very stressful waiting times. I have talked to staff about how they deal with patients just to talk about emotions.

The impact of workplace conflict in healthcare was felt by the WMs and SNs to be very real. The examples given above by Carla reflect that her staff might experience workplace conflict and might need some help to deal with it. This is in an outpatient setting where there might be cancellations or long waiting times. Frankie reflects on a mental health setting where staff conflict has a direct effect on patient care and on the team as a whole. The participants discussed how staff can bring conflict to work from home.

The impact of employees' life outside of work on their working life is not seen in the De Dreu and Gelfand (2007) model but was found to be present within my study:

SN Nia: It doesn't make me a very nice person and I can't deal with home conflict very well then either. I am not a very nice mother then, in the evenings, because I have had it zapped out of me in the day.

Nia's excerpt here notes how the conflict from work can impact on her role at home as a mother. Employees can bring conflict from to work and into their teams, and it can go the other way too (Gordon *et al* 2007). My study adds to Gordon *et al's* (2007) findings, as their results were statistical and in my study the words used by Nia denote how work can impact directly on her role as a mother. Gordon

hypothesises that work-to-family conflict appears to be the most specifically related to older women's jobs: hence the link made in her study to job satisfaction and turnover. My study offers real-life experiential quotes from staff members on the direct impact of such conflict.

Healthcare teams can be made up of single professional groups or be inter-professional. Inter-professional conflicts can be tricky to manage, as there will be two professions colliding over an issue. This can become 'tribal', as noted here by John:

Ex John: Then there are conflicts between tribes: you've got your nurses and your therapists and your nurses and your doctors.

Conflicts that occur between professional groups can be detrimental to patient care, as noted in Lisa's whistle-blowing narrative, described in section 6.7.6. She reflects on the impact of conflict on patient care and safety. There is overlap in this story with gender, relationships with patients and professional hierarchies. Lisa relays an incident where she had to confront a surgeon about his practice. This is the excerpt that highlights a whistle-blowing incident.

WM Lisa: ...it is that sort of attitude as well. They are all going to stick together.

Lisa's words describe how her perception was that her medical colleagues would all stick together on this issue and not help her. The different professions that make up healthcare teams can mean that staff retreat to their professional group when challenged. De Dreu and Gelfand (2007) discuss how groups can be socialised to have the same values and beliefs and therefore conflict with other professional groups. Mohamed and Angell's (2004) study describes the greatest perceived difference as leading to the most conflict. In healthcare, this can be an individual's professional background, which is made overt by their uniform in practice and the tasks that they undertake. In the whistle-blowing excerpt, Lisa, a lower level nurse, is challenging the practice of a medical colleague in a higher-level professional group. This would lead to great stress, given her level and the different groups they were in. Dinsdale (2005) notes how nurses who whistle-blow on colleagues often suffer stress and need to change jobs following the episode, noting that the staff who follow the disclosure through often become subject to work-related stress. Attree (2007)

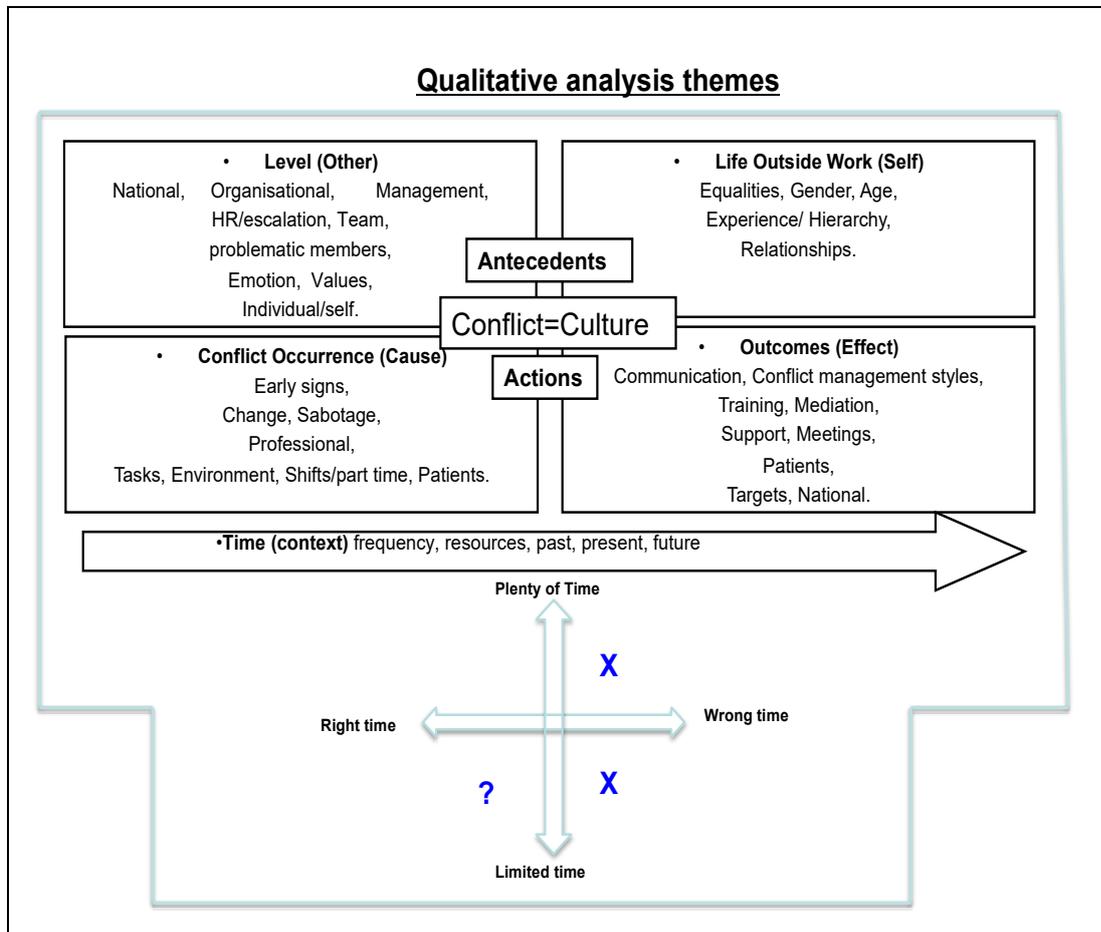
claims that despite the existence of organisational codes and guidelines, there is an underreporting of quality problems and adverse events and this is the norm in healthcare. She proposes that nurses risk a moral dilemma: a conflict between their ethical duty to patients and their need to remain employed. It was interesting that Lisa discussed many incident forms being submitted prior to this episode in theatre. However, her relationship with the patient and the outcome of the surgery the previous day had led her to becoming hysterical before any action was taken. Lisa describes the resolution, which she says came around two years after she had initially raised her concerns:

WM Lisa: I saw him, just sat in one of the theatres on his own. I just went in there, and had that conversation and I felt...relieved, really, I suppose, and when I then went back to my senior nurse she said 'you shouldn't have done that!' I would say our relationship is better now, but I think he will always be a bit wary of me, he'll think I'll always be watching, which is probably true, but not in a....err, err...in a supportive way.

Inter-professional conflict is tricky, and, as Lisa's narrative explores, stressful to both parties. The vulnerability of both Lisa and the doctor are exposed here: this might indicate in part where her fear of ever whistle-blowing again originates.

My study has added to the literature by exploring the impact of conflict on patients and exposing the concept that staff members' life outside of work influences workplace conflict. Within a ward manager's reflection, inter-professional conflict was explored, along with the difficulties this caused for the staff member. Additionally in my study, the solutions generated by the participants included regular meetings, mediation, communication, training and support for managers, as mentioned earlier. Time also emerged as a tool to help manage the negative effects of conflict. Placing all of this together in a single model – the Conflict Application Tool – is the outcome of my thesis.

Figure 6: Conflict Application Tool



7.3.1 Limitations

The limitations of this study lie in the nature of its data; particularly the quantitative data. The low number of respondents who undertook the pre and post questionnaires yielded limited results and while it was possible to demonstrate a significant improvement in respondents’ confidence ratings, the tests themselves lack precision. A larger sample would have increased the likelihood of normality and so have allowed the use of the appropriate parametric test (paired t-test) which in turn would have allowed more conclusions to be drawn from the data. As it was, using a non-parametric test (Wilcoxon signed rank sum test) has less power and so whilst the results significant, inference is limited.

A longer interval of time could have been given in-between the pre and post questionnaire. Fowler (1993) notes how a survey as a means of measuring alone can be too artificial and only answer the contrived questions of the research. This led me to want to openly explore the experience of the participants, as the survey results would be too restrictive alone. Silverman (2003) concurs that this would have been too narrow a research study to have only utilised a survey design. The ordinal data was enriched by the quality of the qualitative data obtained.

The themes of the qualitative could have been made more overt to encourage replication however in an exploratory approach you can only describe the process undertaken. Bryman (2008) notes how an open approach with a guide can afford the researcher the right to pick out what is important. This can be a limitation. I have had to adopt a reflexive approach to writing the whole thesis to ensure that my voice is clear throughout. Atkinson *et al* (2003) describes the phenomenon of reflexive writing in a thesis as relatively new. It was only following my viva did I add this style of writing to the overall document.

Strengths of the survey were that it allowed staff to self-report and was a quick means of gaining information. Staff are used to this approach, as they are regularly asked to contribute to staff satisfaction surveys. It also proved to be a good way to gather quantitative data for statistical analysis. The weaknesses to using a survey are that what people say in a survey might not be observed in their behaviours. The respondents might not think about their responses and might just return them quickly. Also, it led to only one statistical tool being applicable. A weakness of this study was that parametric tests did not allow for the use of a variety of statistical tests would have meant that I would have increased my knowledge of quantitative results.

A weakness in my study of using the semi-structured interviews was that it became clear that staff conflict situations were complex, with multiple antecedents, and therefore interpreting the data was a challenge. The transcriptions were long and time-consuming. Some participants did get upset. A broad understanding of these methods has been gained; however, mastery will come only through multiple uses of these methods in future research projects.

Within this section it is important to imagine what I would do differently if I started the thesis today. I would always have undertaken a mixed method approach as I wanted to look at different methods and what information they could yield. I think I would have trialled the pre and post analysis of the questionnaire and looked at how the data could have been presented. This would have helped with a better questionnaire design. I would have also utilised the TKI more and therefore would have been able to utilise and expand more on different statistical analysis. However even with these limitations just as Swan and Pratt (2007:121) outline the end result of the research is that my organisation has a new method of looking at conflict and managing it informed by its staff; all work starts 'by drawing on the long-forgotten original work' of others.

7.3.2 Summary of chapter seven

This study was motivated by a desire to add to the existing literature, which appeared to focus on survey methods and sought only to consider conflict from the individual's perspective. This study sought to explore the individual perspectives of ward managers in the context of the teams they work in and the organisation within which they undertake their roles. It also endeavoured to look at the national impact of government on the individuals in teams within organisations.

The study added to the existing model developed by De Dreu and Gelfand (2007) and the literature surrounding work-based conflict by exploring the real life experiences of varied levels of management within a single organisation. The model offered structure to the research, helping me to consider the national, organisational and hierarchical systems underlying the phenomenon of workplace conflict in an NHS in Wales.

Ward managers, senior nurses and executives held different reflections on their experiences and consequences of workplace conflict. For example, the ward managers discussed more face-to-face conflict and patient-related conflict, while senior nurses mentioned e-mail conflict and the executives interviewed noted that conflict can be used in certain situations to help get to the right outcome.

Whilst the ward managers' confidence, awareness and knowledge might have increased on the training day, this did not directly link with them being able to manage conflict any better. The improvements that the participants generated form an array of interventions, such as:

- Signposting who can help them when they need it.
- Holding team meetings more regularly, even if they might be stressful.
- Attempting mediation early, even if it does not always work,
- Varying communication styles.
- Training and support from managers above.
- Time to undertake conflict management, to plan for interactions and monitor the frequency they were happening.

The complexity of conflict in the workplace cannot be addressed in a single day's training: it is not enough to equip managers to deal with the degree and variety of conflict they experience.

Using the multilevel conceptual model helped me notice the national discourse that the interviewed managers raised, as well as considering the organisational pressures raised by the questionnaire participants. The multilevel conceptual model, overlaid with De Dreu and Gelfand's (2007) model, enabled me to capture a complex phenomenon, explore its many facets and begin to understand the overlapping sources and consequences within the workplace context. This enabled me to transform this understanding into something simpler for staff to understand at a glance. This, in turn, allowed me to study the organisation and introduce a system to help manage the negative effects (see Appendix ten). The system had no additional cost, which helped managers to manage conflict in their settings with minimal study leave. It also offered the support they required to undertake their challenging middle management roles.

The Conflict Application Tool discussed within chapter six helped to inform the discussion, as it helped to organise the analysis of the participants' thoughts. It will also help inform the development of the interventions framework needed to be the signposting staff requested.

Additionally within this study, the concept of time is considered. Conflict is described as a process, and conflict in healthcare settings can take time to resolve – often years. The effects on patient safety are explored through the analysis of excerpts such as the whistle-blowing example. This outlines a reason why organisations need to maintain an element of conflict within them. This way, there is assurance that questions on practice are regularly being asked. The effects on staff as individuals are also explored. Mainly with regard to their wellbeing, health and stress.

Conflict is a phenomenon that can be seen and felt in complex organisational and national contexts. Time is essential to solve conflicts: it is needed to discuss problems, find solutions and manage interventions. Time was one thing that had not been considered adequately, if at all, in previous studies.

Chapter Eight: Conclusion and recommendations

8.1. Does a single study day on conflict management help ward managers to manage workplace conflict?

No. Not on its own. Greater interventions are needed within a framework so that managers can see at a glance who to contact and/or what to do.

8.2. How do managers at varied levels in the same organisation view experience and make meaning of conflict?

Managers view conflict differently, with ward managers favouring avoidance as a means of managing conflict and wanting senior manager support, while senior managers favour taking action and executives use and apply conflict to get decisions that are worthwhile.

8.3. To explore the ‘real-life’ context of conflict management within the organisation considered against a multilevel conceptual model.

Understanding the focus of past research allowed me to see what I wanted to do differently. I was observing a complex phenomenon in a multilevel hierarchical organisation. It was in this context that it needed to be explored. Introducing the De Dreu and Gelfand (2007) model helped me see that different levels of the management tiers in organisations experience conflict differently. Here the example of noticing the early signs of conflict is given, with ward managers talking about people bringing conflict into work with them from home. Conversely, a senior nurse talks about e-mail conflict. Having appreciation for the model helped me to draw out the pressure exerted by the Welsh government’s national targets for staff clinically

8.3.1 To determine ward managers’ ratings of their own abilities in managing conflict in the workplace before and after a training intervention in the form of a single day’s skills-based conflict management training.

The ward managers’ confidence increased in all the skills covered on the single training day. However, this does not necessarily indicate a change in actions.

8.3.2 To articulate the experiences of participants – ward managers, senior nurses and executives – of conflict within an NHS organisation.

This was the largest section of the discussion and it yielded the greatest in-depth analysis of the participants' views, leading to the outcome being generated in the form of a Conflict Application Tool (CAT). The participants in my study had varied experiences of conflict related to their positions in the organisational hierarchy. Their power, and the power of the staff in their teams, impacted on conflict occurrences. Management positions and the characteristics of undertaking that role also led to conflict: this seemed to be especially evident as managers tried to change clinical environments or practices. The experiences of conflict led to the consequences of staff experiencing stubborn behaviours, staff turnover and general difference identification originating in issues of equalities such as age and gender. Communication style differences and the behaviours of team members had the ability to lead to conflict or overcome it. Conflict as a system originated from this exploration and helped me to formulate a view that if all managers could consider conflict in a systems approach, they might start to understand it as a process and not fear and avoid it as they had been doing. A systems approach might lead to them addressing conflict proactively.

8.3.3 To ascertain what, if any, improvements need to be made within the organisation to help manage conflict.

The participants discussed many interventions that could improve the organisational ability to manage the occurrence of workplace conflict. Improvements were in the form of a number of interventions, such as signposting, the support of managers, education courses, mediation, team meetings, communication styles skills acquisition and training time.

8.4 What is already known about this topic?

- Conflict is widespread in NHS organisations
- It is a system with a beginning, middle (causes and consequences) and an end, or outcome.

- The causes of conflict that are known from the literature are: stubbornness, power, job characteristics, cognitive and emotional states, equality issues, communication styles, group heterogeneity, change and management.
- The consequences known from the literature are: wellbeing and health implications, stress and burnout, turnover, ability to learn, escalation, team consequences change and innovation.

8.5 What does this thesis add?

- Additional consequences of conflict in the workplace are noticeable impacts on patient care, home and work life tensions.
- Improvements outside of a study day can be used to help ease organisational workplace conflict. Interventions such as team meetings and better communication of change can be implemented.
- Helping staff to understand the early signs of conflict can help them consider how to manage it sooner.
- Some management roles need the support of the manager above them in the hierarchy to help them manage conflict.
- By considering time, managers can plan for potential conflict situations to improve the outcomes. Asking themselves if there is a better time to have this conversation? Or asking themselves if they have enough time to have this conversation now?
- A system can be applied to help staff understand workplace conflict and plan for it.

8.6 Implications for practice, management, theory and further research.

This research has been an exploratory insight into the issue of conflict in the workplace rather than an empirical end-point. The conclusions drawn are introduced to help others gain insight into a hierarchical organisation's use of conflict management training within its management tiers. The existing theory-base has been added to by outlining the temporal aspects in the management of conflict as well as how time figures highly to outline the duration of experiences of conflict by staff. Further research is needed to explore the CAT and investigate its usefulness to staff as a tool to better understand conflict

and start to view it as an inevitable and necessary aspect of practice rather than a negative and avoidable process.

8.7 Conclusion of the process

Using the analysis of the pre-post questionnaire results and the accounts of the eight interviewed participants, one of the recommendations is that organisations utilise the Conflict Application Tool (CAT). This model can be helpful for organisations, teams or individuals to identify the sources of conflict and map out the right time to address them. Gaining such understanding of the phenomena that is workplace conflict can help people in organisations to appreciate the antecedents that pre-existed the conflict. These antecedents can be external to individuals and at multiple levels. Antecedents might even be in employees' lives outside work or within the characteristics protected by equalities.

Understanding the potential actions that make a conflict occurrence happen is defined here as an action meta-theme. The two cluster themes in Action were cause and effect. So the identified conflict occurrence could be found to be in cause or in effect. The CAT then allows people who use it to move through to some potential solutions.

At this stage, the concept of time needs to be considered, as, if possible, conflict is better planned for and not rushed.

Once a member of staff has gained this insight, they might want to go on to develop a conflict management interventions framework (an example can be seen in the appendix eight).

Workplace conflict is a multi-layered phenomenon. When it occurs in the workplace, staff need to consider it as a system with a beginning, a middle and an outcome. There are many sources that can fuel it and antecedents that can pre-exist the conflict occurrence. There are then many actions that can arise. These are outlined in the Conflict Application Tool in cause and effect or the broad meta-theme of actions. An organisation wanting to design a framework to help manage conflict whilst limiting the negative effects needs to consider the sources of conflict it

experiences. An NHS organisation needs a multi-faceted approach to conflict management, of which a single conflict management day could be one element.

Time is a major factor in conflict management, not only in terms of the duration of the conflict but also in how much time an organisation will invest in the team or the individual to help resolve the conflict. This can involve study leave or bespoke team interventions. A 'conflict management' training day is not enough on its own to help managers, manage conflict. Interventions need to be varied and responsive so that managers can see clearly how they can gain support and manage conflict early.

Each of us has our own unique window on our world, fashioned by our socialisation and our place in history. We have our own need, defined by our values and beliefs. When needs are not met, or are denied to us, we are in conflict. McConnon and McConnon (2010:7)

This professional doctorate study has highlighted to me that conflict is personal, subjective and happens within a given timeframe, as expressed in the quote above. To help analyse this complex phenomenon, a grounding in organisational science theory was required. This enabled an exploration of definitions, sources and consequences of workplace conflict as well as looking at interventions. This helped me formulate a plan to evaluate an acute health board's strategy for managing organisational tension and dispute through a single day's training as an intervention. This was due to me working in the training department in the organisation, and being asked regularly for mandatory training provision with little evaluation of the actual effect of that training on the staff undertaking it.

The single study day was designed by a team, based on limited research and experience within the organisation to deliver the intervention, such as mediators. The team decided that self-awareness was required in the training: therefore, the Thomas and Kilmann (1974) questionnaire was determined as a useful and insightful tool from which participants might gain some self-awareness. An exercise on perceptual positions was introduced in the self-awareness section of the day to allow participants to reflect on their impact on the conflict situation. The in-house trainers delivered the day and I did not participate in this delivery: this was to ensure that my evaluation was as impartial as possible. Statistical analysis of the pre- and post-intervention questionnaires demonstrated that ward managers' confidence in

managing conflict had increased significantly. Their knowledge of conflict management styles, mediation skills and the ability to view the conflict from another's perspective had also increased.

The development of the Conflict Application Tool (CAT) was derived from the results of the semi-structured interviews, which were grouped into three main meta-themes: antecedents, actions and time. All of these meta-themes were considered under the main theme of Conflict↔Culture in an organisation. Being able to monitor conflict should be part of how an organisation understands its own culture. The meta-themes of antecedents, actions and time held four cluster themes: the antecedent cluster themes were level (other), and life outside work (self). These were considered to be pre-existing themes that staff talked about prior to conflict occurring. The actions meta-theme held the cluster themes of conflict occurrence (cause) and outcomes (effect). The final meta-theme was time (context).

Under the cluster themes were the many varied sub-themes, some of which overlapped: for example, patients and the national context were able to sit in two cluster themes. The overall model had utility, with the eight interviewed participants helping to organise this complex phenomenon in an understandable way with application for staff to start to consider workplace conflict within a system.

The addition to the model of the time directional element of the tool was borne out of responses noting that planning time could lead to better conflict management results. The purpose of this simple tool is to remind staff that time is a key consideration when managing conflict. If potential conflict situations are rushed or handled badly due to it being the wrong time for a staff member, this can have harmful negative effects. Consideration of timing is crucial to the effective management of conflict in the workplace. Staff may consider the pace of the working day as not being able to afford them the luxury to choose the right time to plan for a potential conflict situation. Rushing the potential conflict situation is clearly not beneficial to either party.

Currently, avoidance and compromise are the overwhelming conflict management styles seen in this sample and in other areas of the NHS. Consideration of the use of time to plan for potential conflict situations can only hope to lead to greater control

and a growing ability to manage the negative effects of conflict. Failure to consider this aspect will inevitably lead to poor working relationships, increased sickness, potential sabotage behaviours, conflict in teams and distress within the workplace.

8.8 Recommendations for the future

- To use the CAT as an interpretive tool to explore workplace conflict and help managers to appreciate how normal such conflict is and to understand the process, giving consideration to the timing of conflict situations where possible
- Within different organisations, to use the conflict application model to design their own intervention pathways, based on their existing provision of training and support and on the types of conflict they see.

Epilogue

To enable the reader to understand the origin and thought processes behind this study, I felt I had to write, not only a preface but an epilogue also to fully locate me, the researcher, the practitioner and the person. Like many neophyte researchers, I entered into this process thinking I kind of 'knew' the answer in that I would find that staff were affected by the national restructure of services changes. Only to find that none of the staff interviewed or surveyed particularly mentioned this aspect as causing, or influencing, conflict on a daily basis. My findings centred more on colleagues' relationships in teams and inter-professional interactions.

The concept of time emerged as a major factor for consideration and I would argue that this would not have been found had the multilevel approach not been utilised. Using the *inevitability* of conflict to plan and manage the situation in a proactive way has been genuinely derived from the data generated in this research. The process has been organic and I am thankful to all the participants who gave freely of their time to help me draw these insights. Once I had entered into the research process, I had to work with what I generated. 'Keeping it simple' meant that a pre and post questionnaire design was perfect to start the exploration. This was always going to just be the lead-in into a larger more explorative piece of work that allowed me to immerse myself in what the various roles in the organisation thought of conflict.

Reflecting back, the pre and post questionnaire design could have been thought through in greater detail. I had piloted the pre but not the analysis of the pre and post together. This was, I believe because I wanted to explore quantitative data analysis and qualitative. This was something I was excited about but also not completely comfortable with while dealing with transcripts and open dialogue was much more in my comfort zone. Having previously used focus group analysis when undertaking my MSc, I got excited about the differences that both data sources could bring to a thesis research outcome. When the quantitative data was collected and analysed it came as a shock that the participants appeared so reticent to be interviewed, even if they had originally agreed. So finding four individuals who wanted to be interviewed was a blessing and I met with them in their workplace in a private room. I taped the interactions and used pseudonyms for all names mentioned in the text and the

names of the people that I interviewed. Pseudonyms were used as it kept the flow of the text and kept it real instead of using 'Mr X', for example.

Following a review session I was advised to interview more people at different levels in the organisation and this was truly a turning point for me as it started to give me the multi-level view of this phenomenon in practice. I started to hear how people were experiencing conflict, even anticipating and using it to help make decisions. I started to see a picture forming of varied levels of the organisation considering conflict very differently to each other. My viva voce examination also brought further illumination; for example the panel asked for a more reflexive style hence the addition of the preface and epilogue and doing this has provided me with an insight into the phenomena of conflict that I otherwise would have missed..

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Appendix One: The context of organisational design theory

The Hawthorn theory (cited in Henslin 2008:140), which is now known as the Hawthorn effect, was noted by an electrical company in Chicago who invited a study to be undertaken on its workers' productivity. Adjustments were made to lighting and various other things such as cleaning work surfaces. The findings indicated that whilst the study was being undertaken, the workers' productivity improved, and then when the study ended and the attention disappeared, workers' effectiveness slumped. The Hawthorn effect is now known to be around a short-lived change, seen when attention is given to something. This is important to note with any organisational change today: putting a great deal of attention into something often denotes a change, but its sustainability might be in question.

According to Lewin, behaviour is a function of a person's personality, primarily concerned with motivation or needs and then the situation or setting in which they function. The setting is represented in Lewin's model as a field of varied forces working for and against the individual. Lewin's field theory helps us to understand the nature of change and how to achieve change within organisations more effectively. The multilevel theoretical thinking here would be that if one attempts to change the behaviour of an individual without considering the group or department they work within, then it will be harder, making the individual either a deviant or rejected completely (Gallos 2006:27). This describes situations within organisations that can easily generate conflict.

Likert's (1961) organisational science contribution is with two theories, the 'Linking pin' notion of management and the four system models of organisations. Likert's underpinning philosophy was to challenge traditional notions of management without obliterating the hierarchical structure. He favoured group decision-making. The 'linking pin' theory puts managers in two pivotal groups – one in which he is a manager and leader who can influence, and another where he is a subordinate involved in decision-making. Being in both teams puts the manager in this organisational context in an effective position of influence. This resonates with the De Dreu and Gelfand (2007) model, which discusses the ability to note top-down and bottom-up conflicts, operating in two teams, as Likert asserts that this would mean that managers were best placed to see and act quickly on both forms of conflict.

Likert's second theory described four systems seen in organisations: the autocratic, the benevolent autocratic, the consultative and the participative.

Appendix Two: Table 32: Conflict management timetable for a single day's training

Times	Topics	Evidence in Literature
8.30-9.00	Introductions "I am conflict" Activity Types of conflict in the workplace that the group experience	Scannell (2010)
9.00-10.00	What is workplace conflict?	De Dreu and Gelfand (2012)
10.00-11.00	Conflict Styles explored. Utility of other conflict management styles	Thomas and Kilmann (1974) Rahim (1983)
11.00-11.15	Break	
11.15-12.30	Perceptual positions	Nelson and Cox (2003) and Davy and Ellis (2001)
12.30-13.15	Lunch	
13.15-15.00	Mediation workshop	ACAS (2011)
15.00-15.15	Break	
15.15-16.30	e-mail and cyber conflict DESC	http://www.ianbrooks.com/DESC-Script%20-STEP-Model.pdf Accessed Jan 2015 By Ian Brooks (2010)
16.30-17.00	Summary and evaluation of learning	

Appendix Three: Questionnaires

V4 Dec 2013 Conflict management skills pre course Questionnaire (CMSPCQ1)

1. Are you Male or Female?

- Male Female

2. Indicate what management level outlined below best represents your role

- Executive
- Senior (Directorate/ Service Manager)
- Middle (Ward Sister/ Charge)
- Deputy (Ward sister/Charge)
- Supervisor

4. How many hours a week do you work? Full time hours being 37.5

5. Please indicate your age.

- 20-30
- 31-40
- 41-50
- Over 50

6. How many years' experience have you had as a manager?

- 0-5 years
- 6-10 years
- 11 years and over

7. How many people do you line-manage?

8. Conflict in the workplace can be defined as:-“conflict *begins when an individual or group perceives differences and opposition between itself and another individual or group about interests and resources, beliefs, values, or practices that matter to them.*”

Have you experienced any conflict in the workplace ?

- Yes No Unsure

9. Have you ever attended any training on conflict management or resolution in the past?

Yes No Unsure

If yes please specify.

10. Rate your skills at managing conflict within your team currently

1 2 3 4 5

Not good at all

Excellent

Comments

11. Rate your knowledge and skills in conflict management styles

1 2 3 4 5

No knowledge & skills

Substantial

knowledge

Comments

12. Rate your ability to see conflict situations from others' perspective.

1 2 3 4 5

Not good at all

Excellent

Comments

13. Rate your knowledge of mediation skills.

1 2 3 4 5

Not good at all

Excellent

Comments

14. Do you see any benefit in managing conflict early within the workplace?

Yes No Unsure

15. What else apart from education do you think would reduce workplace conflict?

Please
return this questionnaire to the trainer on the day's training

Conflict Management Skills Post Course Questionnaire (CMSPCQ)

1. Male (M) or Female (F)

2. Rate your skills at managing conflict within your team currently

– 1 – 2 – 3 – 4 – 5

Not good at all

Excellent

Comments

3. Rate your knowledge and skills in conflict management styles

– 1 – 2 – 3 – 4 – 5

No knowledge & skills

Substantial knowledge

Comments

4. From the list of preferred styles to manage conflict below please indicate your preferred style as indicated through the Thomas & Kilmann inventory.

- Competing
- Accommodating
- Avoiding.
- Collaborating
- Compromising

5. Has it been useful to understand your preferred style of conflict management

- Yes
- No
- Unsure

If yes how has it been useful? _____

6. Rate your ability to see conflict situations from others perspective.

– 1 – 2 – 3 – 4 – 5

Not good at all

Excellent

Comments

Appendix Four: Participant information sheet

Version 4 Dec 2013

Participant Information Sheet

A case study evaluation of a health board's strategy for resolving organisational tension and dispute through a single day's training

I would like to invite you to take part in the above study. Before you decide I would like to explain why the study is being done and what it will involve for you, as a participant. I will go through this information sheet again with you on the study day itself and answer any questions that you may have. This should take about 15 minutes. The study will take place alongside the workplace conflict management study day you are attending. On this day you will explore the topic of workplace conflict and share your experiences of managing it to date, whilst investigating some different skills that might also help. You can attend the study day without having to participate in the study.

Please feel free to talk to others about the study if you wish.

What is the purpose of the study?

Conflict in the workplace has been a growing problem across most NHS organisations and this study seeks to establish the nature and extent of conflict in this particular health board. The training day has been set up to assist staff in managing conflict and involves you by exploring your style of conflict management and looks at different ways you can manage it in future. However, it is not known what the experiences of workplace conflict are for managers or what the costs (in both financial and human terms) are. This study aims to find out.

Why have I been invited?

All sisters and charge nurses who are attending the study day have been invited to take part.

Do I have to take part in the study?

Participation in the study is voluntary and you can discuss it on the training day with me. If you are willing to take part you will be asked to sign a consent form. You can withdraw at any time, without giving a reason. This will not affect your place on the training day.

If I agree to participate in the research what can I expect?

At the beginning of the training day a full explanation of the research study will be given and you will be asked to undertake elements of this study:-

1. The completed questionnaire (CMSPCQ1) will be handed in on the training day as you will already have already received it by e-mail. The questionnaire (CMSPCQ1) investigates participants' prior knowledge of conflict management and following the training day investigates any additional knowledge gained.
2. The Thomas and Kilmann Conflict Mode Instrument questionnaire (15 minutes to complete) will be completed during the training day.
3. Another questionnaire (CMSPCQ2) will be e-mailed out to all participants four weeks after the one-day programme for completion
4. Participants will be asked on the day if they would want to be interviewed to explore their experiences in greater detail with the researcher through a semi-structured interview (30-45 minutes at an agreed time 4-6 weeks following the training)

If I do not want to participate in the research what can I expect?

If you do not wish to participate in the research you are still welcome to attend the training day. On the day you will be requested to complete the Thomas and Kilmann Instrument; however, the result of the questionnaire will be for you to keep, and will **not** contribute to the overall study.

What does the post training day interview involve?

If you agree to participate in the research, you will get an e-mail request to attend an interview with the researcher. This will be conducted following the training day and will involve you being invited to talk about workplace conflicts you might have experienced in the past. It will also involve you being invited to discuss your experience of workplace conflict. A maximum of eight participants will be required for the interviews. If you want to participate in the Thomas and Kilmann questionnaire but not the interview please indicate this on the consent form.

What support will I get throughout this process?

Sometimes, when people recall workplace conflict situations it might lead to some distress. If you feel you need to discuss any of these feelings in more detail with someone, the employee well-being service offers that service to you and you can contact them yourself by ringing:- 02920747747

As a participant in this study if you have any difficulties throughout the training day please tell one of the trainers. If throughout the interview you are having any difficulties please tell the person conducting the interview.

If poor practice is discussed that contradicts the Code of Professional conduct the organisations usual policies to address this will apply.

Your information

The information from the questionnaires that you submit will be confidential and anonymous. If you participate in the interview part of the study this information will also be confidential and ensure your anonymity. Your information will be stored in a locked cabinet in the NHS work environment with the researcher holding the only key. Your information will be kept for the duration of the study and until submission of the final work. Until June 2016.

0840813

If you require any further information regarding the study please contact Lesley Jones, Head of Workforce and OD for Mental Health Services, the researcher of this study. Lesley.jones6@wales.nhs.uk or by telephone on 07976616469.

If you have any problems with how this study is being conducted or any complaints/ concerns or observations please contact Clare Wright from Employee Well-being. Clare.wright@wales.nhs.uk

Appendix Five: - Qualitative primary data themed.

Antecedents

Level (other)

National

Carla.... Dunno... perhaps the managers go on courses I've been on,... but ... the... I.. the thing that...I've learnt is .. I understand they're under a lot of stress and distress and they have to do targets and ...and I realize that even nurses go up the ladder and aware sometimesthey forget they are nurses..

Interviewer. ... um, um.. (09.36)

Carla they got their own baggage or burdens.. they are getting `cos of the level they are in,.. but `cos of all those targets and everything to reach, we got to do ... all the time... um... I just think...

Carla: a lot going on, with all these targets and everything we've got to meet..

..the main thing about running my department is my staff and they are happy..

Ex Barbara: Oh you see it at all levels

Ex Barbara: So at that level you see conflict that has been worked through, and resolved but is still grumbling on to some extent but at executive level you see the same. I think within executive teams people are competitive and people that are individuals that have risen to the role that they are in, and because of their nature there will be some conflict. But what you have to do is work with people to work through it. Using conflict to be a positive not a negative.

Ex Barbara: Rather than conflict, I think competing priorities perhaps, because actually government are only there to give the best health service that Wales can have and we are there to provide it for them... Where we all are struggling is that there is not enough money to do it, that is not the colleagues at welsh government's fault, so we are in this together. So I see that some of our relationships are trying to manage the Welsh governments frustration if we don't deliver on our targets as well as we said, and if we don't deliver on our finances you know our delivery is not as good as it could be? That is not a conflict but they nudge us and poke us and prod us to make sure we improve. Our response back needs to be to up our game, to deliver it so that they are not prodding us and poking us. It is not a conflict 'cos we are there together to do the best we can for the population.

Ex john: Then I think there is lots of conflict about values I often find myself in this place where I have a sense of personal values which don't always accord to what the government want to do.

Ex John: When you first take a job like this, in my humble opinion one of the things you have got to do is work out what the bottom line is. There are compromises that you have to make, there are some compromises I am unwilling to make. And I know that when that moment comes I would just say I am sorry I will have to go now you can't do that. Now one of the skills is to develop, to weave your way through what is

often quite an ambiguous landscape. One of the tricks is to avoid if you possibly can backing yourself into a corner, you can't get out of, that is not to say you go with which ever the wind blows? There is something about being nimble aerodynamic being able to adjust the way you approach problems. Now occasionally the other aspect of this that is important is display what I mean by that is choosing, if you can, you can't always choose when and where you ... how you exhibit how strongly you feel about a subject. If you are normally quite a placid person it is quite powerful when you stop being placid for a moment. That's often where I feel this. Often when I am internally conflicted about something. This is at a time when for example we are really getting to the point. So I think there is that and there are some other judgments that you need to be made. Which are about remembering you are a public servant, you need their support you do need them to back you. And interesting one of the things I have learnt over the years if you go to a politician and say we are going to close this much loved service in your constituency is that ok. Don't be surprised if they say well no of course it is not. You have to give politicians something to work with on the one hand we are going to do this and on the other we are going to do that. And get them with you. Understand the world they are in they are democratically elected and accountable to their people.

Organisational

Interviewer: they see you....

Sarah: ..even the other C.R.'s will say ..'If ..(name). sees you, then...".and I don't like it 'cos that puts me as the bad guy and its not, -I'm just trying to do what the Trust wants us.. well,..what UHB wants us to do...

Sarah:I don't say I'm used to it.. I used to get upset by it, but I know it's not personal. I used to take it personal, but I don't take it personal anymore, because it's not really...they think it's about me, but it's not about me, it's about the organisation, and how things are run and how we do things, and we have to have to have change and things happen. A

Carla:... And I know that, um, the new chief exec wants us to work as a big team,.. but I think they ..they're forgetting, they forget how to introduce things into a department....

SN Nia: “ If it can be easily resolved then it is OK but it is the type of stuff that is not just work it is peoples feelings it is lots of stuff. The level of conflict in the organization at the moment seems a lot.”

“.. I don't look at it like an organization I look at it like people I know and network with for different things. I know them and they know me. So I seek support in different ways. I have no idea organizationally I feel quite lonesome.”

Ex Barbara: And it was a decision around where to place the service in an organizational restructure, the decision that was made by 3 chief executives in my mind was the wrong one. It was really difficult because the staff were very unhappy but as the manager of the service, you had to live with the decision even if you didn't think it was the right decision. And probably about 10 years after that decision was made, I bumped into one of the chief executives who said: “We made a mistake

there didn't we." And I thought Oh, I knew you had and it has taken you 10 years to tell me you had. I had not seen him for many years, and bumping into him by chance I thought well actually I thought that but Yummmm at the stage you couldn't, as a leader I couldn't do it, The team needed to be together, and the team would have gone out on a dispute which they nearly did. You have to guide and lead for the greater good. Sometimes you have to see the bigger picture not just the here and now. How do I cope? I am fairly resilient on the whole I suppose.

Ex Barbara: I think you are more likely to see conflict with one organization against another. There will be some decisions that some organizations make that just sometimes make your blood boil, but you know, you are in it for a longer term relationship so you can have a short-term argument for a short term gain, but it doesn't get you to where you want to in the long term. I guess the higher up you move you tend to think more of the bigger picture and in the longer term. Rather than the here and now?

Ex Barbara: I think our role for whatever level of the organization is to make peoples roles as enjoyable as we can knowing that we are public sector, we don't have plush offices, we don't have money for some of the comforts you would in other sectors.

Ex John: We are about to set a.. cause in motion, we are about to turn a page here. We have been puzzling over what the formula is for this organisation, for sometime. And fundamentally it has to be about just a few things including culture and culture is based on what you think is important and what your assumptions are.

Management

Sarah: What I find as well is you've got the Co lead and you haven't got the same than your senior nurses and that, and they dictate.. down, then you put what they want out to the team and then it's not always supported even though' it's their decision...

Interviewer: Yeah, yeah..

Sarah: ..and then that bad..

Interviewer .. Do you think it's the middle bit?

Sarah: .. Yeah, yeah, 'cos at the moment we've had

So now its really hard to get staff to go on study days and stuff like that and obviously the patients come first and the study days are cancelled and then... its not.. seen as... senior management and their fault

Sarah: Um, I think, I think it goes back to your hierarchy.... When my staff have got issues and that, I think when they go to Jan, she should say `have you spoken to.. (name), what have you tried to do to resolve this with.. (name) ?` and if they haven't, then go to.. (name) and if the ???spoken and I'm not saying the door should be shut, because if there are serious matters then they need to be addressed, she does need to be spoken to,.. I do agree with that, but I think, instead of giving everything credence, and giving it an importance and you know, sitting there having people sitting there, and you know, stand off and there is no

substance in it, then I think that's right,.. because that takes them, - takes me out of my role

Interviewer: So, some support from line managers is what you're talking about?

Frankie..... John Williams... he's a good manager I think....

Frankie... He's very... I suppose he's a little bit closed off.. but it kind of serves a purpose, in that, when he says something, people do it, because he doesn't.... he is friendly on the ward, and he chats to staff, but he doesn't socialise with them, he keeps a very firm boundary around things, and he kinda lets people get on with their jobs most of the time,... but if there is something he wants in particular, he tells them, and that is it... people know,.. I think 'cos he's got that boundary and they know when he says something then he means it....

SN Helen: " Yes because one of his band 7's said that he couldn't work with him because he said of Gary's style of managing. He actually went on the sick because he said he couldn't work with him. So I had to manage that as well in terms of a band 7 refusing to work with a senior manager."

SN Nia: "I directly manage 10 I have overall responsibility for over 100."

SN Helen: " I do sometimes think I will never get it right. Even though I can find my job swamping and relentless I am not sure if I need any other management support for conflict. This is probably because I see it as my job to deal with that and if I am not robust enough to deal with that then what am I doing in my job?"

SN Nia:- First of all I didn't necessarily agree with what I had been told to do I wanted to find out more information as to why ? what had happened was this nurse I had newly taken over managing this team, and they are quite a hand full but that is OK and I am new to them. And I have only got them until January I will have them professionally for ever but for line management until January. That is when the new appointment comes in. So I have kinda gauged what my limitations are. 'cos I am not going full throttle with them on everything. But she had gone to a previous manager that used to manage them regarding something I had brought up. Which they don't like. I had asked them to think about as a team how they can cover each other.

Ex Barbara: They will have behavior to try and deflect from that. The basics of what works well is actually managing people. And to manage people they need to have an appraisal they need to know what your expectations of them are. They need to deliver on it, and they need to have regular feedback to see how they are doing or not. And if they are not performing and maybe causing conflict within a team or on a 1;1 basis I think that then needs to be managed. It is the basics of good person management is what works best. Because if you manage individuals well you don't get conflict. It is when they are not managed and they get away with it, and perhaps they bring someone else on board and then it snowballs.

Ex Barbara: My experience would be that you get most conflict when you have badly managed staff.

Ex John: You have just reminded me of another conflict. Which is clinical leadership, very often clinical leaders get very confused about their role, if you think about someone feels that it is their turn and they step forward on behalf of their colleagues, so you feel accountable to your peers. That is potentially fraught because if something goes wrong, the court isn't going to look at you and say well of course you were accountable to your peers. They are going to say your accountable you have responsibility. The organisation was giving you responsibility in a downwards direction. So in other words what happens with power in a democracy is that power goes up and the management structure goes down. You think your in a power structure that goes up when actually the power structure goes down. And to the world outside think that the power is going down. That is a really quite important distinction. It is what trips people in the Bristol case, With the children's heart scandal. The CEO was a doctor he thought he was there to represent his peers to the board. He didn't understand that he had a responsibility and accountability down to direct change and bring people to book.

HR/escalation

Sarah:.. We've got,. I'll tell you.. a typical example..um.. through my management courses and that I've been on and that, they have said, policies and procedures are a way of protecting yourself... always go by the policies and procedures, right..- and so, I very much like .. and when , like the uniform..when , .. um, uniform policy..um.. I've had members of staff with their hair hanging down their back, and I've said.. `Can you tie up your hair please?` .. I've pulled them to the side mind, away....`Can you please tie your hair up to the collar length, we can't have that in the clinical area,-sorry-` you know.. they get upset about it.. they go and see Jan.. And Jan will say... `oh , you're too black and white.. sometimes you need to be a bit grey and let them do, whatever`, but I've said, the policy is clear, that's how it is and at the end of the day, you can't have your hair hanging down your back in a clinical area.... That's how I am, you know, and, ..um.. I think if we all sing off the same hymn sheet, and we were saying the same thing with regards policy and stuff, there would be no arguments, it's taken out. It's when the grey areas,-.you can do it/ I don't want you to do it, and that.. where the problems come from.. can you see what I'm saying?

Interviewer: Yes, playing one off against the

(9.08)

Lisa:I believed at the time that my patients weren't receiving the best care that they could possibly receive.. and I'd had lots of um. .senior consultants who, sort of, were whispering in my ear if you like, saying I've got concerns about this person...and when you ask them to do anything or actually support you; no one is prepared to put anything in writing... Um,so, we started going down the incident route first of all, so every time there was a problem or I had to call another consultant to the theatre or there was an issue... anything out of the ordinary... I had to complete incident forms which then I had to send via the normal directorate route.. um,

Lisa: and then obviously an investigation then started, so that they could actually look at facts and figures on having patients who were coming back to theatre, see what was going on...and ultimately then, I then had an interview...

Interviewer:... what would you do different?

Lisa:what would I do differently..? I think, number one, definitely, put things in writing rather than just on incident forms and also, so that,. although I spoke to my senior colleagues, and senior nurses at the time... and got the,.. well...oh

I would definitely have something more in writing there was lots of talking that went on, however that is not strictly true because the previous clinical director had instigated a formal review of this persons practice and benchmarked him against others so that had been done previously but then things still didn't improve.

Frankie: it was a staff member.. which caused the incident and I confronted that staff member and spoke to her.. and it didn't go very well, so in the end I escalated it up to my line ward manager and basically made a complaint....

Frankie: and so I asked to see these statements that people had made about me, 'cos the investigation was never about me, I had never done anything.. yeh.. that was... yeh.. it was all discredited anyway.. but it was all ..kinda....

Interviewer.....Did you see the statement..?

Frankie...No, I didn't see them in the end, they didn't have copies of them.. these people had just come as witnesses.....

SN Helen: " I find it very useful to bounce ideas off HR, they are useful to bounce ideas off. We will often end up thinking the same way. That is more about knowledge of process which is what I lack and they bring. Even though we both have the same gut feeling she confirms that this is the process you need to go through. So that is quite helpful to address the more difficult things."

"if they have done something wrong they have done something wrong and I kinda don't find that difficult. The last disciplinary we had I had the member of staff crying, the manager sat there crying, two blokes crying. And I thought perhaps I should find this difficult but I just don't. You have done wrong, your member of staff has done wrong don't know why your crying get on with it. I have got a bit of hardness I suppose. Cos if they have done wrong they have done wrong and that is it. So even though I should.. I don't."

SN Nia: "I said well I will need to take some advice because we have to do the job we are being paid for and whereas it may not have been essential before it is actually one of the core responsibilities now. And has been for the last 5 years. So it went on and on and on. This nurse did take it personally and I do understand why in certain ways because I wasn't the natural person to do it... But anyway, there was all sorts of things she had had the training and the sisters had not followed it up that she saw the training through and implemented it in practice. A whole host of problems anyway she chose to retire as a direct result of this, she just didn't want to do it

couldn't do it. We did offer her redeployment and she did not want it as she was retiring"

SN Nia: I am not trying to load it all on HR they are pretty good, I don't tend to go to them all that much really. I will go to them to seek advice if I am doing the right thing. I think it is more about sharing it, 'cos that is the thing really isn't it it wears you down.

EX Barbara: The basics you have to get right, you have to know your policies and procedures, and you have to not shy away from using them. So whether it be a competency issue and sometimes it can be conflict if someone is not as competent in the role as they should be.

Team/ problematic members

Sarah: The majority are good, it's just the odd....

Sarah: I was told it was them. I had a member of staff, a member of staff come and said to me, it was, and I was then, quite astounded, 'cos people who I wouldn't even have expected.

Sarah: I don't know, 'cos I, I was thinking..er.. I was,.. 'cos this is still ongoing with some individuals, -there's three of them, - and when, um,

Interviewer: how many people do you manage?

Lisa:- I have 3 theatres which is about 18 staff, then but quite often we take on the duty managers role which is then the whole department.

Which is a lot of people 13 theatres.

Lisa:- I take a team approach, on occasion I would deal with an individual I would say if there is any sort of problem it tends to be within the team, not an individual.

Interviewer. How many staff are we talking about?.

Frankie.... Trying to think,... I think we've got ten- 5's- ish.. and we've got about fifteen band 2's and 3's...another four as well ,.. roughly....

Interviewer..... And, are your problems with all of those staff?.. or is it in certain areas?...**(4.01)**

Frankie..... Um... I would say the 2's and 3's are the harder ones.....

Interviewer.... right....

Interviewer ... No, who are we talking about who you see as the pivotal people?
(5.04)

Frankie.....I think there is probably three or four of them... three, I think.. definitely....

Carla: and I have had to... these two staff... a couple of times.. and I've had problems...

Carla...That's a difficult one...they are the ones that need more managing and the ones you've got to be aware of.. which.. sometimes I give jobs to do... who want , but I think.. that's one of the things from my RSM thing .. is actually trying to work more with those.. `cos even myself as a Manager, can put a barrier up.. so I rota those,- I think , well they are not going to want to do it... but those are the ones we need to be developing.

Interviewer... Yeh...

Carla....and of course, be aware of those who are developing,.. but definitely.. I've got one or two I can think of.. in my mind,... that always, always first to complain.. always watching what other people are doing.. saying .."she let other people do it'.....

Interviewer....Yes..

Carla... and even though you shouldn't always have to explain yourself.. but, you know.. sometimes it is difficult.. one I think of..-I can see her in my mind, she...when I first started in the job, is to think Band 2, she'd rather stand in your face and say... I don't agree with this.. there's a lot of potential in her.. it's just.. I don't know.. It's just her culture I think...

SN Helen: " I suppose there is often a general issue within teams, and I think depending on what role I am in when I am in a team, for example looking in on that is different. If I am part of the team it alters my way of viewing it. If and when I was part of that team and there was conflict I would not want to make the peace. But each time you get promoted and move away from that team, I become, I get a bigger sense of responsibility for fixing it. The more promotion I get the more responsibility I feel. That is what promotion has done for me I think. Whereas if you are one of the team watching the conflict going on amongst others I wasn't necessarily the peace keeper the person putting things right. This is really interesting as I wouldn't have said that if you had not asked me the question. But looking back I wouldn't have I would have backed off a bit."

SN Nia: "I had thought about this and I can think of 3- 4 members of staff that I have a scenario with currently ongoing. Perhaps it would be good to talk to you about the one I have just finished."

Ex Barbara: I was interested to go there as it was the first time I had actually been into the department to see how the team was working. It really was quality and safety it wasn't an inspection as such it was interesting `cos even though there had been some staff disciplinary which took sometime to resolve and when I asked where they doing team PADR's or individual ones they were doing individual ones because they could not get the whole team together. So it is interesting that even when there has

been conflict in an organization which has gone through due process and been resolved that actually the people that have been through that still carry it with them long after it has been resolved through the formal procedure. Actually as individuals they were all fine and fabulous, but as a team it affected the team dynamics and is still something that needs working through. Some years on.

Ex Barbara:- I think if you have everyone as yes men then you have the emperors new clothes. And never actually move forward, and we have been looking at our team dynamics and we need to have challenge within there. Challenge to question whether you are doing the right thing, or challenge constructively when you are not doing the right thing.

Ex Barbara: That is when it can actually be positive. Challenge needs to be channeled in the right way. There is great skill to doing it positively, greater skill than there is to doing it destructively, which is not great for team dynamics.

Ex Barbara:- yes, I have worked in teams and facilitated teams previously, where we really embedded team based working and then you have some peer pressure to modify behavior. That actually to educate some to actually have a view point that might be at the negative or destructive end that actually when you work with a group of peers when your educated you tend to fall into line, and I certainly can think of a couple of people where on the extreme of "We have always done it like this." And this is the way to do it and we don't want to do anything differently. But actually when you put them into a proper team based working ethics with training from a team based working education Al-La Aston fashion, that actually they came on board and where then really positive and I remember one of them saying to me Oh My God I did it wrong all these years and I thought well actually if that person has flipped you know the benefits of working with a team are clearly there you know. For me probably team based working is what I would commend.

Ex Barbara: There are other things though such as work performance. I had an individual member of staff, that there was conflict with the rest of the team against her but it was because she was not pulling her weight performing and delivering, and they rallied as a group to actually face her and to work out what was wrong. And actually when you dug underneath she had lots of personal problems and she had not recognized that she was not managing well. But actually it was possible to resolve it, and the resolution for that individual was to not be working. And once she made the decision actually, half way through a competency procedure, she took the decision to take some time out of work and she has not looked back since, she has never looked back since. And the rest of the team although in conflict with her, they supported her and recognized that she was not well through this procedure.

Ex Barbara: When you are working as a team, you get to sense when people are not comfortable and you go and have a chat to them and see. I guess I can sense from all of my colleagues from time to time that they have not been in a comfortable place. Whether you would call that conflict. It is not often you get one in conflict with another.

Ex Barbara: There are probably many things that we should and could do, one of my actions from this mornings visit is that I will do a little write up of the team that I have visited., The manager said to me that "our staff don't often see where they fit within the organization." And the feel remote from the rest of the services. The

service they are doing is core to the rest of the organization. So I am going to make sure when I write up my notes which will be shared with the team that I put something in there about the value that they have in the organization.

Interviewer:- operating in teams? Conflict in teams how do you manage it?

John:- I think everyone will approach this question differently, my own mental model is that there is no answer. You think there is a solution out there your wrong. So I think that the way you investigate the world is by having conversations with people and you learn, and you shape and you build decisions based on each conversation that you have. Therefore if I had a team,, and one thing I can't afford to have is a work with those people who just think that when I open my mouth to say something that that is it. That is absolutely illegal and can't happen.

Ex John: As well I would say that when people are constructing teams, it is worth thinking about who is the completer finisher in this group? Who will go down into the detail, so in our team we have got lots of similar personality profiles which is an issue, as we get turnover one of the things I will be looking to do will be to subject to them meeting the minimum qualifications and what have you. Getting a couple of different types in. Cos I use Myers Briggs a lot. Making sure that you have that blend is important?

Emotion

Sarah: Do you see what I'm saying and how do you think I feel? Jan, but I don't have any feelings because I'm a C.R. and that how it made me feel,- I don't have any right to have any respect or feelings because I'm in that role and that's rank.

Interviewer: So if all... you said it was a few weeks ago,...

Sarah: what I'm saying, then behind my back, its very, um, they're very upset about things, and they see it as me. but, I'm trying to ...it's difficult...

Interviewer: Is there anything,with such a case, I mean. that's quite raw, isn't it, because it's only a couple of weeks. Do you think..could anything else help? Maybe from outside, ..I don't know..?

Sarah:I felt very raw about Beth, and then and then coming back in Monday, I thought.. God.... And I wouldn't mind, if it was serious conflict, but it's not. It's not something that can't even be sorted really. I mean, it's obvious there's misunderstanding with, um... and I know that and anybody will tell you, I'm not one of these,...that... if somebody is malicious to me, I'm not one of those to bear grudges. I couldn't do my role if I was..if not one of these that forget,- I'm too personable, ??? I'm too.....I forget that you've done things to me and I just get on with it..do you know what I mean? I'm not that type of person....

Sarah: I get frustrated `cos as well, I think of ways of doing,

Lisa: I was basically told, well no, you can't refuse to operate with somebody...well, at this point I became quite hysterical and basically said I would not allow him to do

his list that afternoon, 'cos I felt that my patients, would, be um.. put at risk then.. and as you can imagine, it all got quite.. um...

Lisa:- they suggested it mind you. It was suggested to me.

Interviewer:-OK

Lisa:- Probably 'cos they could see I was stressed out.. mind

Interviewer: This was a lot of stress to put yourself under.

Lisa: I think it was definitely worth it, it was hard and to do it again you do think?

Frankie: and there is a bit of fear that you won't have any support if they do that.. and it looks like you're the kind of person who's done (12.07) something wrong.. even if you haven't..... unfortunately why they work out if you are the kind of person that has done something wrong.. and I sometimes think that is not necessarily supportive at all... quite a scary thing to think about really

Carla....everybody is as guilty as..but at the end of the day they are tired and don't always put everything away and I can't see the point in then moaning and complaining... just tidy up and put it away.. and that's what I'm trying to say more and more...I mean everybody has...could find fault in every .. (21.11)

.single person, at the end of the day, but its just.... let's get on and get on with it.

SN Nia: " I am quite symptomatic, I will get a headache, I breath quicker, I probably talk quicker I am snappier, I can feel it and I think to myself stop calm down. So I am.. Umm I also get a feeling of panic, frustration and moving towards anger."

SN Nia: " So I said well I accept that but I don't really have much contact with you? And I know the other members of the team have expressed the same views. He said `no they have not they are with me?' I said I don't think they are he said yes they are and out of no where I started to cry.? You know when there was something about him that got under my skin. And it has not only just happened to me it has happened to my manager she has experienced it recently and that was really weird. I had to say to him can you just let me finish? Just give me a minute 'cos I haven't meant to just come here and cry and get my own way. But it was horrid."

Values

Sarah: and I don't like that, 'cos my staff have got the attitude.. you are the C.L., you expect conflict from us.. coming towards you.. we'll actually I don't,- well I do, to a degree but I don't think I expect it, I expect to be treated with the same respect, so see what I'm saying?.. just 'cos I'm your line manager, doesn't mean I don't deserve the same respect, because you seem to be not liking me 'cos I'm the line manager

and I'm...which is ridiculous 'cos I am part of your team, and I'm leading you.. ... do you know what I mean...?

Lisa: but at the time you trust people who are senior to you.. and you think that every time you're doing an incident form, every week, that it's going where you think it is and I soon discovered that hadn't happened.. Um, so that was quite difficult....

Lisa: I suppose it is some of it that the staff themselves need to have greater awareness of what is acceptable and what isn't really basic things, we sort of let people get away with things sometimes and actually that is not acceptable behaviour, I think if you actually understand that and I think the fact that we have core values now, or that we are trying to implement the core values, they are not just for patients they are for everybody. It is a cultural thing we are here to work together and to treat each other with dignity and respect and do a job. And it is as simple as that you shouldn't need to... it is just sometimes getting the basics right, you shouldn't need to remind people

Carla....I think lots of .. um.. that values and belief are different..

Carla....she.. just sometimes.. respect goes out the window when someone's not pulling their weight

Carla: but I still feel unfortunately the respect is not here ...

SN Nia: I wasn't unfair to her, I wasn't nasty, it was punitive though by its very nature wasn't it?"

SN Nia: I prefer to be honest and open with people but not, you know I can be nice about it as well. I don't enjoy conflict I never have, but it has got easier but I still don't like it. I don't enjoy difficult situations.

Ex Barbara: To actually bring you back to your values and actually help you do the right thing.

Ex Barbara: We are all different individuals, with different backgrounds and so ymm, some you can sense are anxious, we don't break down in tears very often, I would not say myself never. It has been known people do.

Ex Barbara: I think sometimes that if you can tell staff that they are valued and that they are recognized and told that they are doing a good job that makes you feel good, and any conflict that you might have in, Oh she's got a better office than I have got, her workload is less than mine or .. I think to some extent pales into insignificance if your recognized and your happy in your job.

Ex Barbara: But there are some other things we can bring which is this sense of purpose and value. And for me that is where conflict goes.

Ex Barbara: I suppose a bit about conflict.. you are going to make me reflect now on the staff that I interface with, do they feel valued enough? It is something I do think of regularly How can you ensure that they are valued, without being over cheesy.

Ex John: So let's be explicit about what we want to believe in other words our values. For me the way to unlock this is to push the values of the organisation very much into a prominent position into center stage. Then if you are operating in a trusting way, your mindset is that I trust people to come to work to try and do their job that is my default setting. I believe that is true. Therefore I should respect their skills their abilities (10.51) to sufficiently share my thinking if I have a dilemma.

Individual/self

.Sarah:- it's seen as my fault and I get.. the .. it's like taking the sweeties if you like.. I'm taking it off them, and I get seen as the bad guy

Sarah: um.. you are actually thought of as the bad guy,

Sarah: So, I think its.. if you want to do a good job like keeping your area clean and tidy, driving things through,.. getting things done, you're seen as a bad guy, but if you've got this laissez faire, and let them do what they want .. um.. its, you.. its not, not without its problems...
(3.29)

Interviewer: .. No ..

Sarah...but you don't get the conflict either, well the conflict I can get at times.. but... because I'm trying to do a good job in a sense...

Sarah: So I said, I just don't know how to get round this, it's really getting on my nerves now, I said. Because this is ridiculous, I said. Why would I stop people wanting to develop, why on earth would I? She said, `no, no, I've told her it's not you, it's not just in Recovery, it's Anaesthetic and Scrubs and that`, she said, `but it's you, in her eyes`. So I said `Oh`, and she said `she's going to leave`. I said `she can leave then` I said, you know. But it's a shame, because she's a good nurse, do you know what I mean?.. and I think highly of her and I'm very upset and shocked by it really 'cos I expected better of her. So anyway, then she said.` oh, I took her up to see Jan`, she said, `and Jan sat with her, and Jan said, told her the same, it's not you, it's....there's no study days. So we put the ball in her court,- what does she want to do about it?` And I'm thinking, right, she's wanting me to have the sack, you know, but no, she's.. didn't, she's not going to say that. So I was thinking, oh, that's outrageous, I really do, you know what I mean? I feel very hurt by it all now, you know what I mean? I'm in the thick of a storm and I'm not involved, do you know what I mean?, and I'm like....

Sarah: ..I got this strong person...I'm quite proud..... (24.12)

Carla....Well I think you need to take time out for yourself. You know, you need to .. um you know this big thing that's going on.. about mindfulness and I've got a book out on that.. I'm sometimes think.. take a step back .. yourself.. because.. I know I've

been very close to burnout and that was a couple of years ago and for me to give my best to my staff, I've got to look after number one-me-.. um

SN Helen: I suppose for me too I am a black and white thinking, I am not always good at the grey stuff."

SN Nia: "... she e-mailed me from her home e-mail. She has got a work one but she chose to do this at home and just said that she was a Christian person and she had never been dealt with like this by anyone in her career. On the other hand she couldn't leave it like this and she wanted me to know that there was no hard feelings with her. I did struggle with that. I mean I replied in a professional sense, I did struggle with it on a personal level. I mean it was a professional thing I would have managed anyone in the same way."

Interviewer:- "What are the more difficult things you have had to deal with?"

SN Helen:- "I wish I could say it was but this is going to make me sound callous , `cos I should be saying the disciplinary, but I don't find them difficult, God I am going to sound like a psychopath I think in that:-

If I can see someone has done something wrong it doesn't kinda matter how sad it is that you might be taking their job off them or down banding them."

SN Nia: "It wasn't really my job but the team the sisters where not going to deal with it and that was another agenda. I did say to the sisters ` I don't want you to be running me down.` to this nurse because the least you can do is support me. Because I am doing your job essentially."

SN Nia: People often say to me you're a bit too direct Nia, but then I am more than happy for people to hand it back as well. You know I am not looking to lash out it isn't that but I don't see the point in beating around.

Ex Barbara: I don't do conflict much, I think you only see it as conflict if it bothers you. My coping strategy is not to let it bother you, not to loose sleep. Talk it over with some body, but I don't much feel the need too.

Ex John: There are things that I need to do `cos I work in a public organisation in the public setting. That is probably more of an internal conflict more than anything else.

Outside life

Sarah: I had to put the dog to sleep last week, because obviously I was off, and when I came in, on..what day was it?..Tuesday, um, one of the other CR's said.. `Oh there's been trouble going on about you again, in Jan's office`. I said what now like, and she's like- `Oh, I don't know, she just said there was..she's going to talk to you about it`.

Interviewer: You'd probably.....I just wonder, 'cos you talked, a lot about not having support and not being somebody who could speak out and shouldn't have feelings.... You've almost, ..you've almost put yourself in that isolated role.....

Sarah: Yes, I know, that's..... I don't feel it all the time... I think I'm feeling it at the time, now, because of the bereavement...

Interviewer: I absolutely think the two are knocking into to each other , and making you a bit more vulnerable...

Sarah: I felt that this week.....

Interviewer: Yes, yeah.... It's bound to. I think, if, God forbid, but if this had been a child...months would have gone by, - and you did treat the dog like a child... so there were elements of...

Sarah: I think its been from childhood/Charlie(??????)As well, and I felt let down by the organisation to, to, to, a degree; like you couldn't have feelings- for an animal, do you know what I mean? I'm not saying the organisation should do something about it, I'm just....because Sue (?), that was the person in HR, she didn't feel that way and think there's an element of that, and then you look at yourself, and think, is it weakness? Because, it's not. It's because I care, I care, it's not just about animals, I care for vulnerable people, I care for the elderly, or people who can't speak up for themselves, 'cos as Jan said to me, Oh, I think too much for the animals. It's not. It's anybody who is vulnerable, who doesn't have a voice....

Lisa: and just from basic things like staff conflict just from where they've got to work in the morning. you get it from the minute they walk in the door sometimes...they can be...`well, I don't want to work with that person`....duh,duh, duh ,..and all this sort of thing. so, I would say it affects me probably more or less on a daily basis in one way or another....

Interviewer:.. oh, gosh..ok....

Interviewer:- it had taken a toll on you, did it affect your outside life

Lisa:- I suppose it did for a short time, `cos that was all I could talk about. I was driving everybody mad, I used to come out here... I know there was support for me but generally you do feel a bit isolated I would say.

Lisa: You feel it, the fact that we sit at the desk when the staff sign in in the morning, just from there their attitude, the way they sign in, if they bother to say hello or not. Right from the start. I think people bring in conflict as well from the outside. It is all very well to say you must leave things at home but it is quite difficult, depending on what the circumstances are.

Carla... Um.. I think that sometimes,.. when we have conflict and differences, you need to sit down.. 'cos I mean.. there's people who've lost children in my department.. and one who've gone through different things.. I'm aware of anniversaries,- one girl lost a son, and that's the main one I always think of,, is ..like.. she finds conflict in everything, but it's.. you've got to look at how that person is at that time... .. And see.. that's another thing I've learnt a lot, not just patients.. staff.. you've got to try and perceive what is going on in their head to bring them to that place and this time, so like.. I'm being.. I'm like a counsellor these days... (*laughs*)

Carla.....can't treat them the same, 'cos everybody got a different.. and different places in their life.. and the thing is .. you can, they come as a core, your staff, and every one of them has got a life outside.. I know you're not supposed to bring life to work but if your life outside is going to encroach on your job and that going to make you like what you are today...if something bad, .. argument with your husband, and come in grumpy.. and you come in and you need to offload its just part and parcel of the job

SN Helen: “ I could quite easily become a control freak who gets stressed about that kinda stuff. But you can't. I look at e-mails at home, but it is manageable. I don't take stuff home. I will look at a Sunday, I might also look if anything new has cropped up overnight. I might spend a whole week when it is quiet I am not by my desk for more than 2 hours and bearing in mind that 1 day is 100 e-mails, I will often put in an afternoon, or Sunday to check. You can't absorb then all.”

SN Nia: “So then she left and one of the sisters from the team retired and had her do in a venue in Cardiff on a Friday night obviously the same team, she is my member of staff so I did think I wondered if this HCSW would be there and I did think I wonder if this woman would be there. I had been invited, by the sister, so I thought I would just go along for 1 hour as I would do with any doos like that. This venue is an empty room so I got there and wondered where do I go and the door opened and who should walk through was Jenny and I thought of all the people, I would need to get help and directions from it would have to be her. So I just said can you tell me which way to go and she said yes it is in there. And she afterwards, one of the other sisters did say to me that Jenny had said `What is she doing here?` and that sister was very supportive. I did just steer very clear of her and talked to various other people.”

SN Nia:- Yes, definitely more often than not that will be informally as in you can see.. I would not interfere but anything that I witness 'cos I want people to work harmoniously together, I would probably quietly do something about it I would'nt probably do something with the two of them but quietly I would give them a ring the next day or .. 'cos I probably wouldn't see them that would be the only way to contact them, just to say `you OK` trying to help them understand the other persons.

So I would way it up. Informally that way. I just want people to work together as well as they can. Sometimes it is a lack of understanding `cos they don't know something is happening for them, something might be going on in that's persons life.

SN Nia: It doesn't make me a very nice person and I can't deal with home conflict very well then either. I am not a very nice mother then. In the evenings because I have had it zapped out of me in the day. Then I also think that I go looking for it, and I do deal with more than I need to but then I can't bear it when people leave things and ignore things. As well I Think that is almost negligent. It just gets worse then.

Ex Barbara: So I think our role is to make staff as happy as we can in their job. One of the things we were refreshing recently was one of our vision maps, you might have seen it. One of them had wording on them which was to bring Joy to work?

Which did sort of make me chuckle slightly thinking who is Joy.. but actually to me it is about having Joy at work. Because if work isn't a good place to come to and you don't enjoy doing it you will be on a negative.

Equalities

Carla: you know..... I've got a lot of respect for the girls... they work very hard, and um...and... enjoy.. you know, they love their place of work; they love the environment and everything.. and it's not fair then if it causes conflict that they might be moved....

Interviewer... yeh

Gender

Carla...Got a lot of women working together and with different age groups, and also lots of problems flying around, and... It does make a big difference... straight in...Just going through `the change`... there definitely is ... you can see it... I'll often say to someone.. are you menstruating or... we call it the blob, actually, in work...

Carla: But I just think, that's women together they will complain and certain things that upset them.. and some things are so trivial...

SN Nia: he is a bit of a bully like that. Once I got upset he started to tell me about his stresses. But it was really weird I just wanted to get out of there.

Age

Frankie: ..(God this is going to sound ageist)... um ..even thought it wasn't about me.. questions about...because they knew it was me who had made the complaint then.. another member of staff.. had done so with me.. and they .. um.. in the investigation process, they kind of got back at me.. got witnesses against me.. saying I was, ... I didn't like working with people who were older than me, things that....it was incredibly difficult.. `cos I wasn't in there... I went in to do my part.. and then my line manager came back and said this happened...

Experience/ Hierarchy

Frankie.....The 5's, um... a lot of them want the change but they are scared of it,..but also they are scared of reinforcing it to the 2's and 3's... I think,.. that is the bit they find difficult... and they have voiced that... that's fine about us doing it..but what about them?.. And it's, oh you need to tell them, but I think it scares them...we've got some longstanding 2's and 3's who have been in the ward for about twenty years.....

Carla... As a manager... 9 years...

Carla.....um.. a Band 6 and a Band 5... the Band 5 staff nurse works very hard and the Band 6.. been in the job a long time and coming up to 60.. bit laid back and a Band 5 very keen.... She did her training later in life.. she's about early 50`s and it just gets very.. Um.. she wants to make improvements and changes in the department, but the other one is holding her back.. um... very quick to go and complain in the office.. when things are out of line, and is sometimes trying .. sometimes feel I rein her in.. I can understand if she want to ... Band 5 goes back and saying she got to think of the other person... she doesn't think of the other person.....

Carla: with this... it is difficult and um... some of our auxiliary nurses... been there a long time, a long, long time in the job.. got new ones,.. new Band 2. has come in... very enthusiastic-very, very,- but held back again.. um.. same thing .. and they bring in new things and protocols...is a big thing.. we done at the moment.. been absolutely brilliant.. someone can. walk into ward, pick up a protocol and know exactly how to do a clinic.....

Interviewer.. ... yes, yes..

Carla.... Some of the staff there don't want to go near those folders; they sit there and don't go near them... stay in..on...the cupboard and they go back, reverted to the ways they done it thirty years ago.. so yeah,... there's conflict,... there's conflict all the time..

Carla.. I think our staff... and rota staff in other areas, have more appreciation of what is going on.. if they can come down to our level...

Interviewer. Hmm yeh..

Carla....but ... doesn't happen... bit a changes...

Interviewer .. Poor communication then.....

Carla.... Communication...I mean.. been there thirty years....

(Recorder starts bleeping)

(10.27)

SN Helen: “I met with Gary this morning, he has been struggling with his role for a while.. some of it is caused by his health and some of it may not be so I came into post 1 year ago. Gary applied for the role as well and I suddenly found myself in a position of having to address his performance when I had previously been junior to him. This was quite a difficult thing to work out how I was going to do that. Bearing in mind that Gary had been very supportive of me in a pervious role and had almost shaped me so that I was the best candidate on the day so there were lots of loyalties in that as well. Anyway it was becoming more and more obvious that he wasn’t going to manage in his job not just with his sickness as that had increased another episode last week. Just reflecting on that now it felt like a conflict because I had to meet with him with evidence of his poor performance within his return to work. And I didn’t know whether he saw it like that. It was a difficult thing to manage.

Interviewer:- It sounds personal as well

SN Helen:- A lot of the reason he has been struggling as well and the conflicting element of it , taking conflict literally there was a conflict of view points, and a conflict for me as well because as a manager I am really frustrated that he is not performing. The conflict is that I care about Gary he helped me he is a gentle genuine person that I care about so there are two elements for me.”

SN Helen: .” If you had asked me two years ago what do you find difficult about this job I would have said the disciplinarians. I would have said I could never do that. And I shock myself to feel like it doesn’t actually feel like a conflict moment. It is not conflicting for me in anyway.”

SN Nia: Yes, with experience and maturity, I have probably got a bit better at it but the downside is I have probably become a bit sharper, not sharper, yes probably a bit sharper and a bit more direct.

Relationships

Frankie.... He has... he’s worked here since he qualified.. the sort of person who knows everybody...and he does have personal friendships with some of the staff on the wards who he is managing... and he has been my line manager before, on another ward, and he had personal friendships with them, and sometimes I’ve wondered if things are said to him, in confidence, about staff and I’ve had concerns,.. I’ve never repeated, and I don’t think he would do it on purpose but wonder if he doesn’t, sometimes, think about it...

Frankie..... I have discussed it with him....

Frankie: there are still the issues.. that he does have personal friendship with other staff and I wonder how objective he can be if a member of staff can’t perform very well,.. and you’ve got a personal friendship with them..... Is it the best position to be in,...sometimes....

Frankie..... ~Because it does concern me, sometimes.. I sometimes think, things don't get dealt with really, because of the friendships.....

Actions

Conflict occurrence

Lisa: and we had instances of patients going to I.T.U. after so-called core gynaecology procedures, so they were unexpected arrivals, at I.T.U, then, .. we were taking patients back to theatre, they were being operated on in the day and then coming back in the night, or the following day in to the emergency theatre, and I was having to call either coli-rectal surgeons or neurologists to assist and.....

Interviewer: oh.. gosh...

Lisa: .. And it all came to a head, in one particular incident because I'd had a patient who I'd built up a relationship with, only in the anaesthetic room, but previously, - when she had a young child, or a young baby actually, and she said the surgeons had promised her that they would only do the minimum, um, and she ended up with having to have a bowel section and a colostomy.. and major problems, and basically, I think the following day, I went to see one of my managers, one of the senior nurses and said ..`can I refuse to work for the surgeon and can I refuse to allow him into my theatre, because that's how I feel at this moment in time?`.

Interviewer:- so what makes you think this is something I have got to address?

Lisa:- so that is when it is affecting somebody else I suppose, when you can see that it is actually having an effect.

Carla...indeed that's a problem that is, and I know my new manager, I say sometimes...(there are)things we need to be addressing because those are the things that are going to get bigger and bigger,.. just... (21.50)

.....sometimes you need to... silly things... especially..Outpatient department.. then things.. We know best, but it is... new to them... sometimes you need to hear..... (?)

Ex Barbara: It is nice to have a challenge within the system cos that gets people to step up to the mark, cos we don't want complacent staff that are just happy bumbling along. So a little bit of grit around is not a bad thing.

Ex John: Then there are conflicts between tribes, you've got your nurses and your therapists and your nurses and the doctors.

I think my team is OK but not sure about them.` You have got conflicts between unions and managers between organisations. People are very tribal. (4.27)

Early signs

Sarah: I don't really always know, until..I, um, got suspicions, you know, you get feelings you know, 'cos I think most of us can, feel, you can feel atmospheres and you can feel stuff is going on, .

Lisa: you can feel it you can sense it, you can see it in peoples faces, whether they are smiling or not, just general body language or behaviour, so what makes you think this is something I have got to address.

Frankie.. There is always an undertone to their actions.....

Frankie.....It's like an atmosphere... you walk in and to the ward, and you can tell by the way people say ..good morning.. to you, or don't, whether you've upset somebody and there's been a lot of talk about it, you've not been on duty... and , I don't know, I just pick it up and people let things slip as well... ..somebody will say something, and it will be like Talking.. but "you've not been there that day so..."...

Carla....You can tell, and people in work are going to be short tempered and... that people get on your nerves..

Carla....Sometimes can't sense it .. I can hear it...

Interviewer....OK..

Carla....through a wall,.. discussions...um, and as for today, someone rang in sick, so everyone else had to be moved around on that rota.. so...day..

..X came in, expected to be in one particular area, and they weren't, now, so, I could tell that people were already.. they were anxious and its just different things...

SN Helen: " I have learnt to keep my door open which tells me a lot about what is going on on the wards. I am either in meetings or sat at my desk doing e-mails which is an issue for me, it is very uncomfortable. So my challenge is to keep the door open when I am not with somebody? I can spot when something is going on. I always make sure I lean forward and say I am here. And people, inpatient staff just wander in when they see the door open and tell me what is going on. That is useful, I don't get the reality though. Of what is going on I wouldn't. It is often a sub-text, you have to sense. For example the volume of e-mails that might get generated by a number of things, the fact that the person who was asked the particular question in that e-mail chain has not answered. I kinda realise that that might be something I need to resolve, because it has to be resolved. I need to ring them. It is more implicit than explicit `cos I am a bit removed from it. When I actually try and go out on the wards every day I get a better sense of it."

Ex Barbara: But if it is managed well early in my experience that is what works best.

Ex Barbara: Staff grumbling, corridor discussions, those closest to them will pick up that something is not quite right, and but you don't want to have tittle-tattle there is nothing like being in a staffroom to check what the thermometer is telling you and what the temperature is saying.

Ex Barbara: There is something have I got? Conflict within my staff and my teams at the moment? Not that I am aware of at the moment. And that is the issue are you made aware. "cos people will only let me know sometimes when it is really bad. I think it also about having your antenna out there. To make sure you have networks that can tip you off 'cos i would rather know sooner than later. Rather than finding out when it is a storm.

Interviewer:- how do you recognise conflict?

Ex John:-We get stuck, we keep coming back to the same issue we just don't seem to get past it. Somebody looks uncomfortable, someone gets cross or upset? We can have verbal's, not turning up, using their laptops disengaging. There are all sorts of signals aren't there and again it is important to allow the space.

Change

Sarah: like even down to stock,.. if we reduce stock in the area... it was needed 'cos stock was going out of date.. I think we had about £10,000 worth of stock out of date, - not only my area but in Anaesthetics and Scrub,- but Recovery came out quite well, 'cos we reduced our stock down and we live on the past, but just to get that change in, -

Sarah... And if I wasn't a driver.. and pushing it through..and you know, keep reassuring the staff its needed, and keep, um, reinforcing it at meetings and briefings and stuff..."we're going a good job".. 'cos we came out...we're came as doing a good job.. 'cos when she fed back at the audit meeting.. it was Scrubs and Anaesthetics whose stocks was out of date, not Recovery. So we came out well and like, with the audits they with the control drugs, .Recovery is doing well, do you know what I mean, - we do well, we come out doing well, do you know what I mean.?.

Sarah: Um, I think the biggest thing it would be, is this transforming theatres.. um.. I've only been in the C.R.post for about two years now... coming up to September..er, but we...,reducing the stock, um, would have been one of the biggest changes and it wasn't really um.. welcomed at first because people were so used to having a lot of stock around, and it's a security blanket.. when you actually say, well actually we don't need this, we're not using it, you know, lets take it away, lets do a minimum and maximum... lets do see what we do need. I'm not saying that its set in stone, if you want to, um add more, then you need to prove that you're using it, so write down every time you use it and then we'll put it on the list and we'll adjust the numbers accordingly, and then regular communication and feedback to the team.. and now that's settling.. but then that's settling and now we got now.. we're not being able to go on study days, so its, its,

Sarah: .. because what I have is Anaesthetics and Scrubs.. I don't have... I don't allow nail varnish... I don't allow false nails and that... I don't allow hair hanging down the back, very much as is the uniform policy. I think my staff, they know that and they say to me.. 'Anaesthetics and Scrubs do it', and I'll say, 'I'm not managing them.. this is my area and in my area I like things done how they should be, and it's me whose going to have to answer to it, so that's how it is`. I said Dave or whoever, need to address, whatever with their staff then, I said. But if I do see their staff and

I'm duty manager, I do say as well, ..you know..your nail varnish needs to come off. I do do that as well, you know...

Interviewer: Hm, hm...

Sarah: but then I'm thought of as the bad guy...

Frankie.... OK...sorry. .yes, ..I think there is one where...we're about to close our smoke room...all the other wards have done it,.. and we're to close our smoke room.. our main concern is if, like me or Dave, the other manager ar on duty...then people will just be lazy and walk over to the smoke room instead of the garden and that will have a massive impact on...it will be the patients .it will be like...when so and so is on duty.. I don't have to go in the garden.. why do I with you?.. Why can't I just go to the smoke room... we've made changes on the ward recently.. there have been certain things and other people know you aren't doing it when you are, on, not on duty.. and then, the patients will go...I don't have to do this and we like, stop them taking drink in the smoke rooms and we shut it when it is drinks time and sometimes you know, that's not happening because the patients will be like, well they don't check,.. .I'm not allowed a drink in the smoke room they are on duty ..so why should...

Interviewer. ... Right,

Frankie.. that causes conflict between the team and I'm right...shut the smoke room..why you're doing it...cos might be told...so...

Interviewer. ...O.K...so are there standards of behaviour in this....?..

Frankie....Yeh, yeh, I think so, there is quite a reluctance to change...like, any. .well their practice really.. they have been used to doing it this way and can't see why it should change...even if its going ... to be more beneficial to change,.. they can't see why things have to move forward I think.....they're like...like them to be more accepting..but it's taking time, like a slow drip feeding..kind of. .yeh, everytime we change something quickly.... It's not gone down very well....

Carla....It's just trying... and I think for me, doing this RSN course, I been doing it at the moment... just learning to stand back and look...

Interviewer... yeh yeh...

Carla.... what's in front of you ... and also.. telling the girls if doing a good job.. come on, let's try and work together and somehow trying... which you can do sometimes, to bring those people who don't want to do anything...back on board with you and let them think.. it's them that wants to come back on board (*laughter*)... cos I think they want to do things... but sometimes it's , it's just change.. and change, I've learnt... done loads and loads of essays and everything, on change agents and change management, it's so hard....

Interviewer. ... um.. completely...

Carla.... things are so instilled, and staff who been there twenty years... I'm trying to get it back out of them, but once they start, .. starting something different and learning it, it's surprising how much they want to come on board and actually do it...

Carla.... Can think of.... It depends where it is... sometimes other managers..... managers sometime come in, they don't really introduce themselves....the time they come in, and they're laying....they've decided something going to happen.. It's like discussions, and discussions are happening at upper level... but by the time they've got down to our level.. It's already decided... (06.57)

Interviewer. ... decided...

Carla... yeh so sometimes I think it be good, if then, if managers actually came in and sat down and say.. `in three months time we are thinking of doing... this...we're just feeding into changes,'.. Instead, it's stipulating all the changes going on and .. just straight away..I find.. we're professional nurses, we're staff, we stand back and they,.. they might have a moan, but actually tackle it professionally,...

Carla... `cos they're just very blunt, they say... say they want to speak to Amanda Bush(?)they just say what they feel, because (...???????) they been discussing about, um.. moving our staff to working at Llandough, working on a rotation, and when you live this end.. Caerphilly, and some St. Mellons....

Interviewer. It's a lot.....

Carla... Yeh, staff have been upset, ... this has been going on for a year now, and it hasn't happened.. but um... and that's come from a manager who doesn't work..., you know,.. it's.. he is a man but he's not a nurse/manager, he's admin./manager.. he doesn't work in... where we work and ... already lives in Penarth but travels back and forth, but... you know....

Carla... if you can do that at the time... to bring... um.... Like I said, some of the health care workers got... some ... very enthusiastic... some aren't,. but sometimes you often can see potential in a health care support workers they can't see it in themselves.. cos they haven't got the confidence... it's just bringing that out of them... give them some encouragement to do that... sit with them... ... it's like Rosterpro at the moment... some of them have taken to it easily and I find some other Band 2's are teaching those who can't- people in their 60's, not used to computer and that... is a really good thing to see...

SN Nia: "I knew that one of them was retiring and I knew which one was going to stay and we were going through this review process as well. You have to pick your battles. I thought once these teams re-amalgamate and settle then I need to start developing them and noting to them that this is actually there job."

SN Nia: “Because at the moment when one of them goes on leave they close the service in that particular area. Well we can’t go on like that. So I have asked them. So she went back to her previous manager and said Nia has asked for this? So ummmm, my manager go wind of this and said to me please can you have a word with them so that she knows she should be coming to you. So A) they don’t like the topic and B) I had to speak to her about it. I just had to make some time this morning, I should have gone to a meeting but I didn’t I had to reduce my stress and get some time to do everything. So I thought now is the morning. I had also spoken to someone else who interfaces with her service and she gave me more information so I felt quite pleased, waiting had worked to my benefit. And I thought the time is right and I thought as soon as I had made the phone call I e-mailed my manager back saying I had spoken to her. But sometimes I do feel that it is hard `cos I feel I am being told to go and tell people things. Not to do this and not to do that. I know that is my job, but if you are doing that all the time you come across as very punitive if you are doing that all the time. I am getting a lot of that at the moment.”

SN Nia: biggy? Interprofessional conflict. Yes OK. I am in an integrated team and this happened about 18 months ago, when I came into this job I was also assigned 2 of the wards in the hospital so I was straddling both, so anyway then it was decided that we would all move to teams, in the LA building and I had been based in one of the hospitals so by me leaving it left no managerial nursing presence there. But also that building was part of our locality. So to me it didn’t make sense and I suppose coming from a health a background and you are dealing with people and you might walk to the front door and there might be an elderly lady who needed help.. it made sense. Moving into an administration building full of office worker did not make any sense. I thought well what is the use of that? We can be of far more help.. anyway so I went to see the senior manager who had made the decision it is so embarrassing. I.. he didn’t really know me, and he doesn’t know me now I am not very useful to him. We don’t cross paths that much. So I met him and said ` I don’t think it is that appropriate us moving out of here.I think we would be better placed back in the hospital.` He said well you’re a bit late coming to see me about that?

Ex John: There is often conflict about change, it might be a cliché but change is often a subject where conflict arises. Usually in my experience The change that is being described is not one that necessarily people have felt involved in, initiating, defining, creating making. The best kinda change is when you get people involved and you get greater participation, you can get conflict arising when there is a misinterpretation of facts. People can look at facts in different ways and they can give meaning to facts. So that can also happen cos it is worth checking that you are both saying the same thing

Sabotage

Sarah:.. sometimes I think its out of devilment and impishness, that’s human nature isn’t it, you know, um, sometimes its .. um, it’s a self need. Say, you’ve said to somebody.. that can’t happen and then they’ll deliberately try to cause a bit of conflict to, you know, distract from themselves onto something else so.. that they get what they want and that has happened in the past, so it’s worked for them, so then they’ll try it with you.. um. Just things like that really.....,

Sarah: in conflict in Recovery.. I mean I know I'm not the only line manager who has it, - in our Recovery. People have left because of it, because they can't manage it. Um,

Professional/ interprofessional

Sarah; You know, um, it's really different to how doctors are, to how nurses are, do you know? They keep theirs' in-house, you wouldn't know if there's trouble in their ranks, if any anaesthetists' or um, surgeons, they keep it under wrap, which is good because this is another thing as well. It's put out there and it's seen to be taking sides isn't it- even if they're going to the senior nurse and ay oh.. I've.. and she said that if they come out, and it's all out there on the Unit with your members of your team, but if I went and did it, as the clinical lead, it would be frowned upon.. oh, she's been in there with Jan and now she's coming out and telling her this about us.. um... can you see what I'm saying?

Interviewer:... Hm, hm, ...

Sarah: But you wouldn't get that with the doctors.....

Interviewer: How is it different?

Sarah: It's dealt with more professionally I think, that the way they deal with it, um it's dealt with in-house and its dealt with properly and that's why you don't get it all tipping out into.... 'cos there's too many people involved and that's the problem. Whereas they deal with it, - it's one to one,-with that person...`You've done this and how are we going to put it right`, and it is a learning curve. It seems to be..who wants to get people in trouble sometimes.. It's not all the time, don't get me wrong .it's... and we're sitting here talking,

Carla: I have care support workers... its just... actually.. in some ways they are braver than me.. because they will just go and have conflict with the manager and just speak to them in a tone.... No way as a qualified, I would do it... yet somehow they get away with it..

Ex Barbara: I think probably my professional groups are probably fairly well behaved in that respect, we don't have huge amounts of conflict. There will always be something you can do.

Ex Barbara: interprofessional boundaries are an interesting one, and it is somewhere where people can get rubbed up the wrong way. Most are really niggled when they feel their roles are being taken on my others. And some of the comments i have is that we should leave it to the experts, and not always recognized as such and not always given leadership roles in areas. That brushes a little bit, then my answer would be so step up to the mark and lets do something about it. So actually we are embarking on some joint workforce planning to look at the skills that are needed for roles. I have had a discussion with an executive colleague and we are going to try and workforce plan together. She is very supportive of this. And in one of our services we will start together from scratch really. Ironing out what skills we need and to make sure whatever profession you are your working in an enabling way. Because if you just stick within your professional boundaries is it best for

patients no. But if you tread on too many toes too much you will get that conflict and who suffers it is the patient. So we have to get away from our professional boundary protection too much whilst recognizing that actually that the boundaries are there because more people have more expertise and skills. In some areas, to make the best for patients. Some of this is historical, traditional built on budgets. We have to be looser around our boundaries for the best for the patients.

Ex John: There are different kinds of conflict, there is a type that is to do with a misunderstanding. In health terms there is often a misperception that for example that managers and doctors are on two different pages doing different things. I think that it is that particular conflict arises very often managers are drawn from the arts based subjects they are often quite eclectic in their backgrounds, they have variable educational levels and they are not socialised into a professional group. Contrast that with doctors they tend to be people who are scientific they have a particular way of understanding the world and that clanks quite a lot with the way managers think about the world. Managers think about systems, broad effects they might think about how they can influence things. Doctors are more interested in predicting and determining and these two mindsets are often very different and their educational backgrounds are very different so I think you then end up if you are not careful failing to understand that fundamentally we all want to be in the same place. So that is the first type of conflict which is a misunderstanding of our purpose.

Task/ Environment

Lisa: but I think that.. theatre is notoriously quite a stressful environment, or it can be, and there's lots of temperaments, lots of personalities to deal with.. um..so I'm not saying there are major conflicts, and it depends on how you define conflict...

Interviewer:... absolutely..

Lisa:.. You know, is it just sort of interactions, and people to..., having ideas about things.. general sort of things..that can be ironed out quite easily... as opposed to a major conflict, which we do get on occasions.. probably born out of frustration a lot of the time....

Frankie ...Um. .in what. .um...makes your job a lot harder, especially in M.Health.

Frankie... The outcome was that the member of staff ..in question..got moved then..as part of the investigation.

Carla: I think its worse than the out-patient department.. compared to a ward.. on a ward..

Ex John: I have a dilemma and I don't know what the answer is and wouldn't it be much better if I got all these helpful people in a room and said " I don't know what to do what would you do?" real problem, how are we going to tackle it. I think what goes alongside that is personal responsibility I believe that we work in an industry

where you just can't afford to have people walking past a problem. You have to accept that we are all part of a chain. I think alongside those two things we are a caring industry, so we have to be able to demonstrate the care for each other and our clients, and being kind. The other element that I have not mentioned is integrity and I suppose if you blend all these things together what I would like is if you could bottle the lips events what you have got there is a flat structure so we are simply gathering around a problem, we are bringing our collective wisdom to bear on that problem. We are accepting that we have a possibility to make an improvement and we do this together. And we take responsibility, nobody else can do it we can do it., because we are in touch with the problem. That is the best way because ultimately what you are then bringing to the foreground is why we are here. (12.22) Our purpose, we attack that mission which is caring for people and keeping people well. The two other components that we need beyond that is to be good at stuff we are not good at and we need to be clear and have a clear idea about what we are trying to achieve together.

Shifts

Carla: people work in shifts, they are not the same people and ... now patients.. Nine to five everyday and work with the same people, and sometimes.. that can be difficult... (02.24)

Patients

Lisa: I really felt it was about my patients. Anyway, ultimately, there was a review of this person's practice and um, then there was a whole raft of things put into place.... that he was only to be, to do,.. he would have to do combined cases, now have to do with another consultant, the complex cases have to be done and it's a multi-disciplinary approach and, um, I,... I felt quite chuffed at the end of it, um,.. that something had been put in place.

Lisa: I think having senior support initially, it is that sort of attitude as well.. you "know what they are like." No that is not acceptable., you know what they are like they are all going to stick together. No sorry there is a patient at the end of this. Well.. from the counselling side of it I felt very supported, that was the right thing to do to lead me in to that.

Frankie: .you need to speak to each other, and you need to know.....and then not thinking I was justified in her talking to me again,.. I have to listen to what she says- you need to, it effects everything. .it effects our patient care if we are in conflict because we have to work together, we have to be all on the same side and doing the same thing.. the same thing cos if everybody is doing different then you get conflict with the patients as well, and that causes massive problems in the team....

Carla: I was thinking about, was to perhaps get someone in to- um- to talk to staff.. time to manage conflict.. because conflict is not only between staff....there is patients..

Interviewer...Absolutely

Carla... and their patients, um expectations of ours is getting bigger and bigger, sometime very.. very stressful.. waiting times.. Um and I have to talk to staff about how they deal with patients... but um... I think it would be good if you can get someone in, for an hour or two hours, even if it's just to talk about emotions and things...

SN Helen: "Because it is blatant and without being dramatic about it patient care is at risk. So once I think this is a patient care issue I can do anything. So that is how I am able to manage. But if it is about more personal stuff ,"

Ex Barbara: something with quality and safety such as something dreadful has happened to patients

Communication

Sarah: 'Cos that is how I would like it done, dealt with like, with, you know, like I'll tell you this awful thing that happened a few weeks ago. It was over their study leave-things, and I came back and they had put up, pinned up on the board.. it was only three members of staff.. They'd pinned up on the board, this dignity at work policy and highlighting what a bad manager is and everything bad about a manager. It was obviously geared towards me.. I don't know, - it didn't have my name up on it, but it was pinned up on the board for me to see. Anyway, when it was very, when you come into it hurtful, very cutting, they've...a first would be... um.. I don't know if you've read that chimp management book that's out now? You could take that, you could go down the chimp route and be really reactive to that and be.. fly up! whoosh! 'cos it is really, really is, it's cutting, it's hurtful. But if you take a step back and then you look at it, like,... I sat,... my stomach.... and I thought, right, I'm going to get the Off-Duty and find out who was on duty that day and call a meeting and interview and see each one separately and ask them, do they know anything about it, I will say to them, do you know anything about this?. Obviously, you know, it's not nice, but um, I'll take on board, that you're obviously not happy with something and I'd rather you'd say to me now and let's get it out the way so we can deal with it, we can move on. So, every single one came in, every single one said, everything's fine, everyone's happy, nobody knew nothing about it, it just appeared there. And I'm thinking to myself, like, um and I said to Jan, only senior nurse, and I said.... Because I said, um, I'm not a reactive person. I'll go round and I'll get thoughts of you, and I'll get thoughts of you, thoughts of you, then I'll think about it, and I internalise, then I'll act upon what I think is the best advice. And she said..`Oh, ignore it` and I said no, I'm not. I said I've brought them all in and I've spoken to them all and I said is there anything they want to discuss with me, you know, 'cos they obviously do, if they feel that strongly, they obviously do, they want to discuss something with me. And I said I was hoping they'd come forward and say well actually we did it, and nobody has, so she said ..`Oh well` she said, `you have to expect it from time to time` and I thought. well I hear what you say, but if I'd gone out there, I thought, and stuck up, about them, a criticism about their competency up on the board for everybody to see, how would they feel?

Sarah: So I did speak to them, didn't tell them I knew, 'cos I wouldn't breach confidentiality, obviously, I would never do that with somebody. But I did speak to them and they said, oh... I said I hear that you're lacking confidence and that these study days are important to you, but it's not actually me who's stopping you, because we haven't got the staff at the moment. But there is actually stuff we could do, in-house, together, and we could have, do, like, something, like learning stations and um, peer review I was going to do ECG and somebody else is going to to... and to be honest, we have already started on audit so best, so those are the things I'm prepared to, you know, sort out and they said no,no,no, they were fine, they're OK and that.....this is...

Sarah: And I think the person needs to be confronted with this Dignity at Work and know how I feel. She needs to know that, because anybody that you speak to... I've been.. um

Lisa: ... and I'm glad that I did that...and, when it all sort of came out around full circle, I actually bumped into the consultant in the corridor..as you can imagine.. things were difficult between us, and I actually sat down with him for about an hour and had a long chat with him, and basically said...it's not about me....I don't want to,... I'm not here to destroy your career, but I just felt that you weren't listening to me... I was having other consultants coming and expressing their concerns and we needed to address this...

Interviewer.. Who initiated that?

Lisa... me.

Interviewer.. right.

Lisa: ..but, .. and it was an off-chance,. .it was literally....I thought,...I'd been through the counseling side of it, and I saw him, just sat in one of the theatres on his own and I thought right, I'm just going to go in there... I just went in there, and had that conversation and then when I went out... and that, and, after I'd done that..I..

um... I felt um.. I don't know what the word is, but relieved really I suppose.. and when I then went back to my senior nurse and said what I'd done, she... `gasps and said you shouldn't have done that! Why did you do that on your own? ` and I said, but I didn't plan it.. it just happened and I actually feel better for having done it, but she felt I'd put myself in a, well, potentially very difficult situation I suppose, but, I think our relationship was better, then, after that, but it was very difficult.....

Interviewer: so how has it been since?

Lisa:.. I still haven't worked with him... he was very wary of me I would say, well, initially, I should say, but I would say our relationship is better now, but I think he will always be a bit wary of me, he'll think I'll always be watching, which is probably true... but not in a....err, er...in a supportive way...um...not in a...

Interviewer: has it put you off doing something like that again?

Lisa: yes, it has...

Interviewer: .. Right...

Lisa: purely because of the stress that I caused myself.. I don't...no, actually that's not right.. it's not that I wouldn't do it again, because I would, because at the end of the day, I feel quite strongly about my patients, and if..... I can't just sit and watch if I feel someone's being put at risk.. I think the way I go about it would probably be different....

Interviewer. ...So how are you currently addressing that?....

Frankie....I suppose at the moment.. it is by reinforcing what we're doing....continue to do it.. and put up meetings/signs which say what people are supposed to be doing and remind them.... We are about to do appraisals as well so,...

Carla: sometimes... some of the jargon that comes down as well, is not written in layman's terms and you know .. got abbreviations sometimes and no idea what they stand for... but I think, sometimes, I don't know... managers; they need to come down and meet the staff....

Interviewer. ...Yeh..

Carla... I do, but I've got a new manager.. he...his way of doing things is not the same way as me.. I've.. I'm.. er.. He, he was a manager, he left the job at Heath hospital a long time ago.. left in the same role he's in now and sometimes I think, the way he says things.. er,.. you know .. I've done so much research and reading.. I can see that .. if someone said.. 'Oh, you're being bullied'.. people say Oh I'm not bullying.. but you've got to watch.. I mean.. The tone and how you speak to somebody.. it can actually..verge on bullying, on how you talk to people.. I just say he sometimes like a bull.. talking to people ..and.. you know.. I've known the staff nine years.. and .. every one of them you got to, be .. handled different. And

Carla....sometimes plan backfires and sometimes .(??) ground to make that decision and sometime need to listen... (22.01)

SN Helen: " I think it is not just about me, you know who I was and how I was, I have talked to others and passed this as an observation that 10 years ago or even 5 years ago I don't think anyone would think about copying in their managers manager to an e-mail. Now that is what we do now. (19.35)

I wish I knew the answer for it. E-mail etiquette, it has to be about risk and blame and people feeling vulnerable, and people feeling well I told the senior managers so therefore I am ok. It has to be OK. People are clearly not feeling confident to manage

conflict for themselves, otherwise they would just get on with it and tell you afterwards, if at all. Some of the things I get copied into even Joanne doesn't need to know about them let alone me. They are copying me in and my boss why? I don't need to know. It could be that we are more reliant on e-mail, and too reliant e-mail makes people lazy. It's unbearable, part of me needs e-mail 'cos I can't remember conversation, so if I don't have them I can't remember and if I don't have it in e-mail I will have to write it down 'cos if I don't have it in an e-mail I will have to write it down 'cos I will forget it otherwise.

We often have very challenging e-mails from colleagues in the EU, but I don't see it like conflict. These can be very challenging and political and usually unfair, if I was a bit more sensitive then they might make a difference but it is like water off a ducks back. Oh for Gods' sake, I will do a bit of digging and be able to tell you that is not the case. It is the more subtle stuff really for example with Gary, if I am asking him to do something, I have had this conversation with him this morning, I often feel very guilty because his stress will get up and he gets worked up, more and more irritable, and I think gosh I have to ask him to do something again. And I think how am I going to do that. I coach it in as a nice a way as possible. Then I get back an e-mail that says OK. In a sense that is conflict. It is subtle, not overt, and I think what do I do now do I resend it or go up and see him. I usually choose to go up and speak to him instead and speak to him and say sorry is that awkward I did not mean to add to your stress but we need to do this that and the other. Then it is usually ok, I think the problem comes when you rely too much on e-mails. It can add to peoples sense of stress which can lead to more conflict 'cos your going to misinterpret that, and what people actually mean."

SN Nia: "Today I had to send her a sorry text because I think I was just too kurt with her. It isn't the way I want to be but because of the amount of staff that I have to do, the level I am having to get involved with and take her through. I accept I am there to support her. But it is just it is very waring and I mustn't take it out on her."

Ex John: But equally we have got to understand the difference between being helpful and being useful the conversations that are most productive are when our mind is focused on 'what can I say now that would be useful.' Rather than how can I help? The difference is very important in my opinion help is slightly patronizing it signifies that you don't really know or haven't got the ability to enact something I am here to do for you but actually being useful is much more powerful. So I like to have useful conversations where there is conflict umm again at this level what I have encountered those conflicts are about values. So if you don't trust me, if you don't respect me, if you just believe that the way is to just tell people what to do then if that is your mindset then we are going to have a problem. So there is a sort of sense I think in a team where we have got to get to a place and it is hard you know. I am not talking about sheep dipping here. It is having all of the conversations over many years often.

Ex John: I learnt a really big lesson about 20 years ago now I was working in Salford I had my first general managers job, and I wanted to have the best team around me. I knew this woman who is dead now unfortunately but she was the nurse I wanted to work for me? She was going to be the directorate nurse? She was much much older than me, much more experience and much wiser, anyway so I asked her to join us. The way I used to conduct my meetings was, when an issue came up we

sort of worked on it in the room, have a chat about it, get the pens and the whiteboards out? I noticed that she hardly ever participated in these, hardly ever. I was really puzzled.

I sat down with her one day and asked her and she said:-

“ I think that is ridiculous how could you possibly approach a problem off the top of your head?” I need to go away and think about it, and if you would allow me and if you told me tomorrow we are going to have a chat about this thing then I would go away and think about it. I would come to the room and I would give you sensible answers instead of all of these people pontificating off the top of their heads. That was a real lesson about how to engage an introvert, once you can understand how you can work with people of different strides she was fantastic. She was thorough and detailed, she was a passionately good nurse too, we were never going to go wrong it was just about making sure, how to get the right formula.

Conflict management Styles

Sarah: ..No, no, it's surprisingly not, .um in that way, I'll tell you why, cos you, you might think, um... I learn.... Before, I hated conflict. I'd avoid it and that used to make it worse for myself.

Frankie.... It's probably like the drip feed...it's slowly... and just repeatedly discussing things with them almost like, suggesting things, like.. it's their idea, there're doing it...Um.. to a certain extent. .a little bit manipulative I suppose.....um,.. sometimes just telling people it's not optional... they have to do something.....

Frankie... Um... It's kind of... I've found if I get them in smaller groups.. then that's easier.. it's almost like. .in fighting... you get one group in, then another and so confrontation with them in small groups.. this is how it needs to be kind of doing it in a nice way so that they are oh, ok, and then. .yeh ... then everyone goes off and does what you want...small groups, so you've just got a small collection of people who are responsive to that, but....

Frankie.... Kinda people.. there is a chance of, they don't like.. if you are repeatedly asking them to do

Frankie... I, just. .sorry...just.. I can't control that...it's just not my thing there so a. .bit like that I let them carry on really... it's , yeh, there's nothing I can do about it,.. when I hear about it.. then I can talk to them and say, look, I know that this has been... what's been going on, but... if nobody says anything to me directly, then it's just... you know what...leave it really... I think it annoys them more if I ignore it.....

... and it puts that distance there... so,.. more or less...

Carla... but ...that's a typical thing a manager does,... unfortunately.. it's not...

Interviewer... it feels like it's done to....

Carla.... I don't think,.. I don't think, it's intentional... as they do it, it's just that they ... it is how they bring that...those...people.... even at my level, they don't bring them on board, they sort of like tell them.....

Interviewer... Yeh..hmm...

Carla: I think over the years I've learnt,. Er.. even though to reflect, to sit back and look at it, to see how to deal with things and sometimes I can't get it right.. I've been much like.. having a bad day.. I can snap.. that's something for me to be aware of.. when I am.. I mean if I want ... if I snap at staff, I make sure I go and apologies to them.. it's just I .. I think its just to look at yourself and I think, unfortunately, as I look more and more at other people., I mean the management role, I mean I think people just forget.. so.....

SN Helen: “ I think there have been issues that we are all aware of, Like elephants in the room, we all know they need addressing.. but...The biggest learning point for me is that you don't always have to address all the issues. I still have that to learn. It is like the elephant in the room I have to say it I have to deal with it I can't ignore it.

That isn't always the way to deal with things more experienced people than me know when to turn a blind eye to things, than have the inevitable conflict to sort it out. It isn't just the case that I am the brave one that sorts out the issues. Sometimes you shouldn't and you don't always have too. That is something I have yet to learn I think.”

SN Helen: “So ironically then when promotions did come along afterwards it almost began to fit my personality more, I wonder if I am more naturally pre-disposed to sorting which often means you're the one who sees the conflict and wants to sort it, where if you are the peace keeper ironically I don't think you then are the one that wants to sort it. It might all feel too difficult to do as a peacekeeper. Phillip and I have very different styles Phillip is brilliant, as a mentor for me `cos he will say calm down you don't need to worry about that yet. And he is usually right. His style is usually , um how can I say he goes about things in a very different way to me.”

SN Helen: “There are I know conflicts that I avoid too. I have a couple of people who could do things better? I suppose I don't want to upset people.”

SN Nia: “We were going through a reorganizational change and there just happened to be two sisters in this team so that was a little confusing. But they both have their strengths and their weaknesses and one of the things they both didn't deal with well was conflict. Or any difficult situations or things they knew that staff would feel uncomfortable about.”

SN Helen: “For me, personally when I know it is an issue, I cant not do something about it. That is for me personally as well as me professionally. So knowing that these issues are going on as much as I would prefer the little girl Helen would prefer to avoid conflict like we all would I force myself to address it.” (4.39)

SN Helen: “for example one of our senior nurses cannot spell for toffee and her e-mails are appalling, she forgets to put full stops in and puts where instead of were and that kinda stuff. Which I know undermines her credibility amongst staff. Cos I

haven't had the bravery to say to her, your typing is crap how are you going to sort it out? This is then me avoiding conflict. This is personal stuff and therefore easier to avoid for me. Cos I am not sure how to approach her and say your not doing yourself any favors. Your e-mails sound like they are written like a 10 year old child sort yourself out.

You should be able to know where the full stop goes. It feels patronizing for me to say that to her and she carries on, this puts her in a vulnerable position in her teams. As most of the band 7's she manage roll their eyes when they get an e-mail off her."

Training

Sarah: I spoke to an anaesthetist about how we can improve on the job, learning, training, and stuff like that, so I've spoken to Carol... and Tony T.....um, people like that, so feedback helps, ... , with their thoughts and feelings on it. Then I feedback to the team that I've done this and um...it seems the team want things, but they don't want to do anything to help themselves. (30.52).

They look to me for their learning and their development when they've got to take a bit of responsibility themselves.

Lisa:- I have to say the other thing we have done, there was two of us that done this. We had an anaesthetist come out of theatre and say the atmosphere is dreadful in there today. Someone needs to do something. We knew we had lost of problems in there so we thought right what are we going to do? So we went straight up there, and spoke to the whole team. Which was about half a dozen people, and we did have a few tears.. But .. I think in hindsight it was the right thing to do because you all had a chance to say whatever it was that had pissed them off that morning. And who had done this and who had done that and what where the issues were. At the end of it the feedback we then had was that that was really good. Because otherwise you get this one complaining to that one, that one complaining to this one, and they then don't actually discuss what the problems are and actually resolve the issue.

Lisa:- we already run courses that managers have conversations, regarding managing conflict and I think that is useful, ymm we already have human factors training, this is really interesting. This is part of the transforming theatres plan , it is an external organisation that has helped empower people to feel like they can speak up? When you have hierarchy this has been useful.

Carla: But since going on the conflict course....

Interviewer.... Oh!..OK..

Carla.... And learning how... to sort of... reach each one...

Carla.... But it was definitely.. conflict course, going on to that.. that helped me... before that, I .. struggled a bit.....

Interviewer ...yeh...

Carla.... It's you know, only course like that, that teach you things...

Carla.....I think.. more training for staff.. but the only problem these days is time.. there isn't the time, to take the staff away from.. work.

I think what we're trying to do, once a month, we have ordered...

I think something

Carla... Yes, `cos.. to go to, `cos I don't know who to go to.. there's no directory in the hospital to say this person be good for talking or.....

Carla..... That what you could do with.. sometimes its.. you need direction, but .. signpost to tell you where to go.. to get this.. and I think that... the whole of my career as a Band 6, I have found.. I have found in my role.. there's never been a signpost to show where I can go...

Interviewer....Yes, so then....

Carla.....`Cos if you didn't train.. I mean I didn't train in this hospital, so I don't know who.. sometimes you don't know people to go to.. I mean you or the staff.....
(19.09)

Interviewer....And then its just guesswork..

Carla....It is! And then to speak to somebody.. and also, I've done it myself,-may be old-fashioned- I like to go and see and look at the person, `cos

I want to know who I might see..

Interviewer.....Absolutely..

Carla.... And I want to... I know there are emails.. but I want to.... But saying that..... on my own course at RCN.. only thing that's lacking..only if you don't know this area.. if you've never trained with people.. there's not actually any signpost to say... Oh.. Lesley`s really good at doing this.. `cos its not and that's.....

SN Helen: "Yes and when I did the leadership course, that was really useful for me `cos it makes you think about who you are and how you function in a team. At the time of doing it I didn't even want to be a leader it came along , the course that is came along at a strange time in my career. I didn't see myself as a leader ironically

but I learnt within that that I was the fixer, the person who wanted to put things right and sort things out.”

SN Nia: “And so I look after myself.

I have support from above, and through courses.

I love courses `cos it gives me networks and part of that is finding people who can support you and work wise I can give something back to them as well?”

Nia: The senior leadership course conflict management course was really good.

Mediation

Sarah: I've tried to,..um..I speak to the individuals concerned separately. I'll bring them in, I'll speak to them,..I'll say to them, have they got any concerns- do they want to talk to me.. I'm here for them, to listen, you know, but I'd rather they tell me, than hear them elsewhere `cos, um –it's a way forward, and stuff like that.

I've done that, but that doesn't always work with some people, because they'll say yes, yes, yes, yes to you and then they go off and it's not resolved and I do get cross when it happens

Interviewer: One thing they'll say to your face, and another thing.....

Sarah: ...yeah, yeah...

Sarah: I'd expect to get support, if I'm out of order I'd expect to be reprimanded.. I would, I'd be expected to be told off, I would, same as on the ward. Same as, um..same as staff should expect, they don't, but I would expect that, um.. I would expect, um.. Jan or the senior person, to actually listen and speak to whoever's concerned in the team-wise,.. and speak to myself, together, and individually, or bit of both.. That's what I would expect... But what does happen is, sometimes,- that has happened to me,- is my senior nurse have had people come in and saying things to her, she's acted upon it and then brought me in and told me and then when I've actually said, actually it wasn't like that, it was like this, and then she'll be, oh. But there's no `sorry`. They can do it to me, but I can't do it to them..

Sarah:I just think, you know, this girl and me have to get together, we, it, has to be,..that we have to talk.. it has to be, - you know what I mean? We can't just say,.. she can't just say.. I don't want to talk to me.. or ..if she does or doesn't. I don't know,.. I don't know, I haven't had the feedback of Jan. You can't, you just can't just ignore it and let us keep going. I'm her line manage...we've got to get together and it's got to be thrashed out, hasn't it? As best as it can be...I don't know....

Sarah: Jan would be supportive, and saying listen, we need to get you two together and talk about it...

Interviewer: So Jan actually doing it would probably be....

Sarah: Well she could be the mediator, yes..

Interviewer: I think that would be a way forward- I think sometimes doing things yourself....

Lisa:- As in with mediation so to speak.. yes if it is just junior staff and there is an argument then you say right come on.. lets get in a room and sort it out shake hands at the end of it and off you go. I have done that.`

Interviewer:- has that worked?

Lisa:- yes, it has worked yes. It depends what the issue is.

Interviewer:- completely mediation is not for everything. Have you used any other things.

Lisa: ACAS I suppose could also help with mediation.

Carla: I'll start with each person now....I've sat with each person.. and put them together and actually take command of the meeting and you know....

Interviewer. ... Yes...

Carla.... and actually stand up and say... if one of you speaks and then the other one speaks ...and sometimes... most times.. it works

Carla.... Fact is, bit of the literature I read said, supposed to bring them both in at the same time...

Interviewer....hmm...yeh..

Carla... but that's not easy..

Interviewer... it's not...

Carla.... Got to look at each individual you work with and if anybody's going to know your staff.... It's you... you as a manager....

Interviewer....Yeh..hmm....

Carla.... Bring them both in, listen to them, then bring them to both and you got ideas on the list , so even though they've described it again, the event both, together, you've already.... You know in your mind, what's going... what they are going to say... and then to get them both in to listen to each other.... It's quite a hard thing, cos even I wanted to interrupt... but I stopped myself.. but is just getting them both to

listen to each other and then to try.. and solve it between them, rather than me solve it,
(11.37)

Interviewer...yeh..

SN Helen: “Actually saying he was unprepared to work with Gary again. At the time Gary did not own this or the potential impact of how he was or how he was performing, so about 6 weeks ago I had to manage an informal mediation between both of them. Which was difficult it was about suggesting that using Peters words how Gary was making other people feel. This was difficult. When you have worked with people for many years, it is all a bit incestuous in Mental Health we have all worked together for many years. We have all worked alongside each other been various grades and to suddenly find myself sat this side of the table trying to facilitate two people speaking to each other who have very different styles absolute conflicting view points on how to do their job was quite difficult as well.”

SN Helen: “It could be a conflict you’ve had with somebody by asking them to do something they don’t want to do or the bigger stuff like mediation, between staff that are a bit off for example.”

Support

Sarah: and there’s nobody there for support...

Sarah: there’s no one to support you as a S.R....they’ve got the support from lead nurses as senior nurses, but you got... I don’t feel there’s any support for senior nurse-wise down

Interviewer:.. .yeah, yeah,

Sarah:yes, `cos in my mind, `cos that’s why I don’t think of counseling or wellbeing `cos I...in a sense I do go through feelings things, in a sense I’m quite hard on myself and I do rip things apart and I do try to look at ways of solving (27.55)

things which probably.. I can’t solve, and I have to let go of and I know that, so there’s a lot of reality I have there, and I know I’m quite a strong person in that, like I cope with it to a degree, but I think, like with Beth, and then them, .. I just thought, that’s like, cos I say at one a clock, I.. it was all going in my mind, tossing and turning... and in the vets too, er.. in work, and I see it as mischief.. to a degree and er, I just think to myself um, what about you in this, it’s the first time I’ve thought about this in ages, what about you in it, you know, because I felt drained... I just felt.... phew..... .

(28.48)

And then I felt, I wanted, that’s why I want, I need to see Jan today, `cos.. I’m just going to say to her... I would like to have a meeting... you know?

Lisa: I had a directorate manager who was very supportive, some of my other nursing colleagues who were the same grade as me, were also very supportive, especially the ones who'd experienced patients coming back to theatre, so I did get a lot of support in that respect,..um.

Lisa: I went to see the medical director along with my directorate manager, who again was very supportive, we talked through all my concerns, um...some of it was backed up from incidents, but not all.. because I then discovered that not all the incident forms had gone where I'd thought they had gone... which then, I thought, how foolish, -I'd wished I'd kept photocopies

Lisa: Um, I did have some support from some of the other consultants, um, some were very supportive, um, umm, but others were, like....aw..it shouldn't be a witch-hunt,- I had that said to me, and I felt that was, um..ooh.. you know,.. I'm not that kind of person, I wouldn't go out to destroy someone's career or do anything like that..

Interviewer: hm, hm,.. something had changed....

Lisa:something had changed... myself.. I ended up.. I did go for counseling because I got very stressed about the whole thing...

Interviewer: um, um,..

Lisa: I needed to talk it through with somebody who probably, who didn't know anything or anyone, ... and I found that very, very, helpful...

Interviewer: yes, yes..

Frankie...I think it's the support of senior managers and knowing that, if, if,.. a complaint about me was going ... not that it wasn't done in appropriate manner... I would expect it... but that people are aware of the problems ..are in the team anyway.. and that people bear that in mind...and bear in mind, past behaviours of a team that have.. been...well, I suppose well known for being dysfunctional.. wrong words...

Interviewer. ... So, Senior management support...

SN Helen:- "I have coaching it is hard sometimes to make it happen cos your thinking that is half a day out of this week and I have not got any other time at my desk so there have been occasions I have cancelled it, cos I cant spare the time. Coaching is reflective anyway so it is something that you use to plan going forward it is not immediate."

SN Nia: "I don't see my manager for a week and yet we share the same offices. But we are not in there. I know I can ring her and she knows she can ring me but it is quite a sort of lonesome job. And even before I came into this job I am the type of person I seek people out to help me , for different types of support. So some people are about jobs? Some people are about stress or getting their opinions so some people I meet every 3-4 months just for 1 hour and usually I will have a list not a

huge list but things that are important to me to say: 'What do you think about this?' so it is kinda? Supervision in a way but we are having lunch as well. And so I look after myself.

I have support from above,"

SN Helen:- "Probably not, because the higher up you are (this might be really jaundice of me) but I think the higher up you are the more you try to help, I am not sure it is always appreciated or that it is seen as help. I think the ward managers need to feel generally supported by who is their line manager, for them and be less concerned about what is happening above that. So at the higher levels they need to just assume things are happening. I might be wrong. I am sure that if you speak to ward sisters they might give a different opinion. Thinking back to when I was a ward sister, so long as my senior nurse knew what I was doing and knew what I was at I just relied on that, relying on what ever had to happen higher up was happening. I am not sure everyone thinks like that 'cos I have noticed that people do copy every bloody layer of management into e-mail now. Which I wonder what that means about peoples confidence and why they need to do that. 'Cos I certainly never did, when I was a band 7 my senior nurse was the only one who ever knew what I was doing. The only one I needed to interface with at all. Maybe there is something about our **culture** that has brought that about. There probably is that is all it can be."

SN Helen: "I feel generally supported if I have messed up I only have to tell the people above me and I don't feel that would be a problem. I am not missing anything there. I am lucky, I am trusted by the people around me so that helps my confidence when dealing with conflict. I probably don't ask enough, sometimes I think oh so and so needs to know about this and I have forgotten to copy them in, I just think get on with it."

SN Nia: We did have a forum about 5 years ago but it has wained and I think it is about commitment it is about some people who organise it feeling like they have to come up with some entertaining agenda and we are almost as childish as the people we arrange things for the staff below us. It kinda engenders itself down the heirachy doesn't it. So I think we have to be a bit more grown up about it. There is something about clinical supervision is usually quite grown up. People usually respond. I know in healthvisiting this was strong. They have got their groups and they meet if they can meet. You know the group would be 6 but 4 would have to be there for it to go ahead. Everybody got a turn but I don't know. I still think this would be a healthy way to do it.

A forum is not the right setting cos loads of people don't talk in that area they are there to be entertained from the front whereas a small collective group of people who can opt in and have a commitment to do that it could be done, across the organisation? Would you keep it to senor nurses I think you have to be careful if different levels of staff are around I shut up if people above me are there, I let them speak. So it probably needs to be all at the same level.

I think it would work. It is a good way of us being together cos it is really missing at the moment.

Ex Barbara: It is support that you need. So that isn't a conflict situation.

Meetings

Sarah: I brought recently to the attention of my senior manager, that in Unit meetings at times.. it can be like in a boxing ring,

Sarah: I hated team meetings because I seen it as,.omg... and that does happen sometimes, mind, it does seem like a boxing ring sometimes, but it's a way of getting things out and at least I know what they feel, and how they feel and thinking and I get a good,um, feedback from meetings. So I love to have regular meetings when I can. Um I'm not able to do that as much now...I can have it on ordinary day but I would like to have really regular meetings again because when we've got stuff like this going on, its more useful if we can keep the meetings going and going and going for a little while, so that people are encouraged to talk it out and then we can then, resolve things.

Sarah: I have said to them, this, as well though, because I know and I wouldn't ever have been harsh enough to say that in team meetings before, but I have done. I've said, `now listen guys, there's an element in learning...you have a responsibility to develop yourself. And in the clinical area you can see those opportunities`.... I said, I'm the same. If they say `Oh gosh, that's going to be a bit stressful, let's avoid it`. And I say, it's best to get in there, while you've got the support, ..all this..... We're here to support you and I say that to them, do you know what I mean. Then, um, they've still got the avoidance and the worry and you can understand that to a degree, but I sometimes feel they don't help themselves and then they are looking to me, and sometimes I need to look to someone to support me, and there's no one...

Interviewer:- do you have team meetings?

Lisa:- we actually have departmental meetings, the whole department, which as you can imagine is huge, led by our senior nurse which we take part in and if she was not here then it is an opportunity to number 1 to try and phrase something, they are always quick to criticize, so we start with praise generally thank you for your hard work...and we appreciate how difficult it has been in the last period whatever since the last meeting. Sickness and what have you, the last session is all about audits that we have done and some have been better than others, and then at the end there is always an opportunity the floor is open, to discuss. We also say to them that not everyone is happy speaking in this environment so we say you can come and speak to us afterwards. Then they do. I think we are fairly approachable, I like to think we are fairly approachable, if anybody has got an issue they will always come and speak to me about it.

Frankie....Talk to them, say, you know, we discussed this,. .at staff meetings....you know that the smoking room is supposed to be closed and they.. they are supposed to smoke in the garden at certain times of day, ..um...probably tell ~Dave or email

him if he wasn't around... to let him know that it had happened, to make him aware....

Carla: Boards, meetings,- meetings make people..staff meetings make people feel quite anxious and.. um..`cos often its to complain about....things.....like things left untidy..things being left out.. and even though they don't say the name of the person.. you know the conversation is aimed at somebody, so

.that's when you've got to say...

SN Nia: "So I arranged to meet her. And we had a really pleasant meeting and conversation because she had not met me before and I just asked her what was the problem and she explained that she had had the training but didn't like doing it ? so I said is it that you won't do it or can't? and she said well both?"

Ex John: As a chair or as a leader of a team you would have experienced this I am sure. (16.39)

Allowing quite a testy conversation to work its way out is quite tricky, my initial mindset might be to rush in and sort of recue it, but we have to watch that, cos if you don't have it out it can be bad. It needs to be done in a productive and useful way? That is probably not going to be the right thing to do. It is probably not a good idea to oppress conflict by trying to be kind or caring. And you have gotta be careful because if you continue to do that you get "group think".

Targets/ finance

Sarah: `cos the focus is, the finance and plans and how things have changed..

Ex Barbara: It is most usually the circumstances we are dealing with, such as the budgets aren't managing

Ex John: we have a resource shrinking environment which is also difficult. To carve all that stuff up.

Time

Lisa:This has been done on an audit day so we can get all the staff there. One of the hardest things is getting the junior grades the timeout. Away from the front line to actually to something like this

Ex John: One of the things we the executive team have been talking about a lot at the moment is our capacity to differentiate between the urgent and the important. At the moment I would describe the world that we inhabit is a whirlwind. A frenzy. And that means that you hardly ever get time to do the important things. The important things are all the things that we need to do if we are going to stop being in the whirlwind. We haven't got enough headroom? So we start to think how do we create headroom, so you sprinkle a few people on it and the people who are really busy look at the people you have put in to help and just say how are they helping they are just marking my homework? That kinda stuff? That is a conundrum which we are

trying to work out...That is what we think we need is some headroom A big space where we can actually do some of the building work that will make this organisation better. Also we have got to try and trust the research, the evidence. If the evidence tells us that the best way to get the enduring change is to take it slowly. To do small tests and retest. If that takes us 6 months when we need it in 6 days we have to take it slowly. The NHS will be here in many years to come.

Frequency

Sarah: I get quite a lot of conflict in my area... I don't know whether it's the beast .. of Recovery... but they have a lot of time on their hands and they are really busy..um and then they have a lot of time on they're hands and then really busy..

Sarah:.....there are always elements of conflict going on... its always spinning..

Sarah:And of course, part of our job is conflict management , - of course it is, that's a big part of it; 'cos you're dealing with people and people are not easy, they're complex-, we know that,- but, um, sometimes I do.....because, like, last night, because I had all with Beth, and I had all this then, I do worry about me sometimes.....

Interviewer: OK, so thank you.Lisa, ..I am going to ask some general questions but we are going to have.....they are loosely structured so we can talk freely about this... the whole theme that we're going to talk aboutis about work place conflict, specifically....so I'm just going to start with quite a general one...how do you think conflict in the workplace affects your job..?

Lisa: I would say it's probably a daily occurrence...

Interviewer: ..right, ok..

Lisa: just,.. it's just the nature of being, especially if you are duty manager in charge of the theatre...as a whole...um.

Interviewer:- so I can see how this is a daily occurrence.

Lisa:- Yes that is exactly why it is a daily occurrence there is all sorts of things,

Carla: But there is, often.. under..... .every day I go to work there seems to be something, there's an underlying conflict of something.....

Interviewer.gosh....

Carla.... So it's just managing, and I think that's a hard, the hardest part of my job.. to be honest...

Carla....I think, yes, sometimes you can see it, and sometimes it does roll on to the next day

SN Helen: "well it is a daily occurrence, depending on your definition of conflict. There is something everyday. It is a very broad term"

SN Nia:- The following week we were at a meeting and something was mentioned and I said ` what ever you do don't come to me on a Friday afternoon `cos that is not good. So I have learnt from that I don't do anything big on a Friday afternoon.

Resource / part time

Sarah: ...I think you.. I think it might be 'cos our senior nurse is here two days, so she's not here..

Sarah: That's probably what it is, isn't it... when I put it.. you know.. and I just.. that's when it's missing and that, and it might be, because Jan is here two days..

Interviewer: um, um,..

Sarah: : So, there is not,so, say for example somebody says well, you can go and speak to Jan about it,- I say that you know,- and she was there to support you to do it. Sometimes she's not.. so then they fester, then they talk and, and, then sometimes, I can go in and it goes quiet and you're like... you know there's stuff going on....,

..it's like..."OK guys?"....`Yeah, fine, fine` and then ... you know it's not, so you're like, why can't you talk to me..?

Interviewer: um um...

Sarah: ... you know..

Interviewer: OK... thank you...

Sarah: Have I opened a can of worms?

Past

Sarah: its seems like.. sounds like I'm in conflict all the time, but it's not. When it does happen, that is what happens. It spills out, there's too many people involved. Everybody's like, it's like, people..um.. get a delight out of it, an excitement in the camp,'cos I've seen it with other C.R's on.`oh that one's in trouble`, there's this excitement going on and you're thinking, that's dreadful really, 'cos you're thinking it could be yourself and that's like `oh I don't want to say things, 'cos that could be me.

Sarah: I don't see that, the only time I thought about it, was last night , 'cos I thought, I thought...

Interviewer: Hm, hm,..

Sarah: So anyway, um, I went home last night and I thought about it and I, I, just can't believe it,....it's outrageous really

Lisa: ok...then, I'll talk about something that happened to me, it was a few years ago before the major conflict..um, er,.

Interviewer:- What duration of time did all this happen over

Lisa:- from start to finish oh a couple of years

Frankie... Yes, I think that probably in the past, they've been allowed to do what they want all the time and how they wanted..... no one has questioned them, so questioning, is...

Frankie... In my last job.... It must have been about seven years now. There was an incident with a patient.

Frankie..... A few weeks ago really....

Interviewer.... Do you think things have improved.?

Frankie. A little bit...

SN Helen: "I suppose what is missing is my thinking time. This might be my newness in my job only 1 year, I am quite a quick thinker but it would be good to be able to plan for things, quite often I have to address these things and I don't have time to plan for them. Luckily they seem to work out ok but it would be quite nice to work it out beforehand. Thinking about what tools I am going to use not that formally really but just giving yourself that time I suppose."

Ex Barbara: I have just been to one of our departments to do a safety walk around, I went there knowing that there was some significant conflict 2 years ago.

Ex Barbara: Gosh let me think... Yes there was one particular time that I recall it was many years ago. There was a decision made that I felt was the wrong decision.

Present

Sarah: So I thought, oh God. God,- right, so anyway, yesterday.. (Jan's still off so I can't speak to Jan), there's nobody here to talk to, I might see her today, I might not if she's still busy. So Tuesday then came, - no, that was Tuesday, -so that was Wednesday came. Babs.. came up...` oh, one of the girls came in to see me about the study days- and very upset that you're stopping them, and I've told them it's not you, but they won't have it, -it's you`.

Carla... but it's not just 18 staff, you see,.. on a day.. I manage my own staff but I have all the users that come into out-patients.. so I'm responsible for everybody that comes into that department.. and.... this afternoon I've got haematology nurses working down there.. and they've asked me for rooms... they've asked for all these different things and we haven't got the resources... so I manage that element as well... each clinic...

Interviewer. ... Yeh... each clinic, you are still responsible....still responsible .. for those things... ..the people you don't manage, as well...

Carla....Yeh, but that's a short time.. for four hours of a session, you're managing them as well...

SN Nia:- Even a phone call I needed to make. That is the frustrating thing about being senior in this role. You know senior nurses who work in wards can walk on a ward and see somebody we are making phone calls. There are only so many phone calls you can make so I have to think when am I going to make that phone call.

Sometimes I think when would be good. For example this morning I actually phoned someone that I had had an e-mail from my manager to deal with for the last 5 days. But I had to pick my moment. Because I had already sent her an e-mail that would not have been to her liking on Monday. And I know the best time to contact her is between 8-8.30 in the morning. And I have also got to feel right and not sort of.. I have to be in the right mindset as well to say it in the right way. So I have got better at timing, although I am horrendous today

Appendix Seven: Consent

Version 4 Dec 2013 CONSENT FORM

Title of Project: **A case study evaluation of a health board's strategy for resolving organisational tension and dispute through a single day's training**

Name of Researcher: **Lesley Jones**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated **Dec 2013** (version **4**) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I understand that information I will give in a questionnaire and data collected during the interview, will be utilised in this evaluation

4. The elements of the study are outlined below please tick which you are agreeing to take part in:-
 - a) Complete a questionnaire before and after the training day
 - b) Complete a Thomas and Kilmann Conflict Mode Instrument
 - c) Undertake a brief semi-structured interview.

Name of participant

Signature

Name of person taking consent

Signature

Date

Appendix Eight:- The conflict management interventions framework

The conflict management interventions framework, offers varied approaches and sign posts managers to helpful resources to help them manage the conflict in three distinct pathways.

The first pathway identifies support for someone who considers that they are in or preparing for conflict and need support to manage it. At this stage, the conflict may well be only in the individual's own cognitive state. It may well not involve anyone else.

The second pathway is for staff who are directly involved in a conflict situation and they understand that they are a party within the conflict system. They therefore cannot be unbiased and need to seek training and support.

The third pathway is for staff that are observing conflict happening either within their own team or another team and they would like advice on how to resolve it and manage it.

Fig 7:- Conflict Management Interventions Framework

