

CONFLICTING PRIORITIES: EMERGENCY NURSES PERCEIVED DISCONNECT BETWEEN PATIENT SATISFACTION AND THE DELIVERY OF QUALITY PATIENT CARE

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Introduction: As hospitals compete for patients and their healthcare dollars, the emergency nurse is being asked to provide excellent nursing care to “customers” rather than patients. This has changed the approach in delivering quality care and has created favorable conditions for conflict as the nurse tries to achieve specific patient satisfaction goals.

Methods: A sample of 9 emergency nurses from 2 hospitals in northern New Jersey participated in focus groups designed to learn about the types of conflict commonly encountered, and to identify the attitudes and understanding of the emergency nurses experiencing conflict and how interpersonal conflict is dealt with.

Results: Thematic content analysis identified an overarching theme of conflicting priorities that represented a perceived disconnect between the priority of the ED leadership to achieve high patient satisfaction scores and nurses’ priority to

provide quality care. Three interacting sub-themes were identified: (1) staffing levels, (2) leaders don’t understand, and (3) unrealistic expectations. The study also found that avoidance was the approach to manage conflict.

Discussion: The core conflict of conflicting priorities was based on the emergency nurses’ perception that while patient satisfaction is important, it is not necessarily an indicator of quality of care. Interacting sub-themes reflect the way in which conflict priorities were influenced by patient satisfaction and the nurses’ ability to provide quality care. Avoidant conflict management style was used to resolve conflicting priorities because nurses perceive that there is not enough time to address conflict even though it could impact on work stress and patient care.

Key words: Conflict management; Emergency department conflict; Patient satisfaction; Quality patient care

Nurses working in the emergency department are confronted with conflict every day. Conflict is an inevitable part of life when one works in a fast-paced and demanding environment. The ED environment provides favorable conditions for conflict as the nurse navigates constant change, people who are in extremely vulnerable emotional positions, demanding workloads, poor communication, and critical incidents such as unexpected patient deaths.¹⁻³ Compounding

the problem is the requirement placed on the emergency nurse to achieve specific patient satisfaction goals. The comparison of hospitals on topics that are important to consumers has led to the determination by hospitals that superior patient satisfaction is vital to their financial success and has refocused the efforts of the nurse to view patients as customers.^{4,5} This focus places an enormous burden on emergency nurses to provide “hotel service” quality patient care in a smooth, holistic, and speedy manner, which is not always congruent with the ED environment or even the patient’s medical needs.

Interpersonal conflict or conflict between individual members of the health care team is the most common source of conflict in the emergency department.⁶ Although it is generally viewed as confrontational behavior, conflict has multiple meanings. In the literature, it is defined as inherent differences in goals, needs, desires, responsibilities, perceptions, and ideas that are generally predictable.⁷ When conflict is not resolved well, it can become problematic quickly and negative consequences can occur, such as work stress, burnout, absenteeism, decreased productivity,

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and reduced quality of care.^{8,9} These negative consequences contribute to high staff turnover that occurs at a time when emergency nurses are needed more than ever.^{2,4}

Although ED environments are among the most demanding and stressful in health care,^{2,10} little is known about nurses' perceptions of conflicts. Managing conflicts is among the key challenges facing the emergency nurse, and it is in the interest of the nurse not to avoid conflict in the emergency department but to productively manage disagreements with skilled communication. Both the American Association of Critical Care Nurses¹¹ and The Joint Commission (JC)¹⁰ recognize that proficiency in communication skills is an essential element to a healthy work environment among members of the health care team. Good communication also improves relationships with patients and families, who are the consumers of nursing care. A breakdown in communication and collaboration can lead to disruptive behaviors by the involved parties and increased patient errors.^{3,8,10} Handling conflicts in an efficient and effective manner may result in improved quality, patient safety, and staff morale and may reduce work stress for the emergency nurse.

Although conflict is an inevitable characteristic of work environments, it is not conflict but rather the style with which the individual manages conflict that is important and that directly affects worker and patient outcomes.¹² Effective resolution of conflict depends on assessing the nature of the conflict and selecting the most appropriate management style for the situation. Research suggests that the conflict management style rendered by the nurse in response to conflict may directly affect her level of work stress and also may affect the clinical outcomes of the patient.¹³⁻¹⁶ The aims of this study were to: (1) learn more about the types of conflict emergency nurses are commonly encountering, (2) identify the ideas, attitudes, understanding, and thinking patterns of the emergency nurse regarding the phenomenon of conflict, and (3) to understand how emergency nurses currently deal with interpersonal conflict.

Method

RESEARCH DESIGN

A qualitative research design featuring focus groups composed of nurses working in the emergency department was used in this study. Qualitative research allows the individual's perspective of phenomena to be studied in the context in which the event occurs, providing rich descriptions that enable the reader to understand the reality of the phenomenon being studied.^{17,18} Focus groups rather than individual interviews were used because group interaction is thought to be a significant attribute that helps people explore and clarify views that are less accessible in one-on-one interviews.

Focus groups produce insight and a rich amount of experiential information that allows the participants to hear and respond to diverse viewpoints.¹⁸⁻²⁰ Focus group interaction may reveal more about what the emergency nurse understands of a particular conflict and the reasoning behind her or his conflict resolution approach.¹⁸

A focus group discussion guide was developed by the researcher. This guide included items related to the most vexing and recurring types of conflicts that emergency nurses encounter at work, who the conflict is most often with and what it is about, and how the individual nurse and the organization handle such conflict. Finally, participants were asked about training in managing conflict in the emergency department and the types of factors that might be used to measure whether the training was effective in helping the emergency department do its job better or more successfully.

RESEARCH SETTING

The nurse participants were recruited from 2 acute care facilities located in Northern New Jersey. One focus group was held in a private conference room at each organization where the staffs are employed. The date, time, and location of the room were disclosed only to focus group nurse participants.

RESEARCH PROCEDURE

Institutional Review Board approval was obtained. Strict adherence to the requirements for the protection of human subjects were followed, and the investigator completed the human subjects training and followed the policies and procedures related to safe and ethical practices, confidentiality, and informed consent. Loss of confidentiality and emotional discomfort were potential risks when describing experiences. Precautions were taken to minimize these risks by thoroughly explaining the study, using a trained moderator, and emphasizing that participation was voluntary. The nurses were asked to sign an informed consent document before the start of the session and were informed that they could choose to withdraw at any time and/or choose not to answer any questions that made them uncomfortable. Because the intent of this study was to understand how nurses think and talk about a particular topic, purposive sampling rather than random sampling was used to select the focus group participants.^{18,19}

The chief nursing officer and the nursing leadership of the 2 acute care facilities assisted in providing access to the emergency nurses. The principal investigator (PI) recruited nurses from each emergency department who met the inclusion criteria, that is, being currently employed as a professional registered nurse in a hospital-based emergency department in the United States and being a direct patient care provider. Contact was

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