Conflict Management: Managing Nurse-Physician Conflict

What We Know

› Nursing is a field that relies heavily on effective communication and maintenance of strong working relationships with members of an interdisciplinary team to achieve desired patient outcomes. The nurse-physician relationship is a crucial determining factor in the quality of patient care provided\(^6,10\)
  • Conflict between nurses and physicians can have serious detrimental effects on nursing staff morale, nurse retention, and patient outcomes\(^1-6\)
    – Nurse-physician conflict has been linked to medication errors, patient injuries, and patient deaths\(^1\)
  • Conflict can be described as the discord that results when two or more parties have opposing or incompatible ideas, beliefs, or goals. Among the various types of conflict nurses experience in the workplace, conflict with physicians is extremely common\(^1,4,6,10\)
    • For general information about conflict in the nursing environment, see Evidence-Based Care Sheet: Conflict Management: an Overview
  • The traditional view of the physician-nurse relationship, which places the nurse in an inferior position, has evolved over time, but still has lingering effects\(^4,10\)
    – A nurse who is unlikely to challenge a perceived superior might withhold valuable insights into a patient’s condition and appropriate treatment if the ideas conflict with those of the physician
    – In some cases, cultural beliefs and generational differences play into and further complicate the nurse-physician relationship
  • Two patient care areas that have been identified as particularly susceptible to nurse-physician conflict are the operating room (OR) and palliative care setting\(^1\)
    – Historically, nurses have reported experiencing vertical violence (i.e., aggression toward a person of a perceived or actual lower rank) from surgeons in the OR
    - Submission of nursing staff to surgeons due to intimidation or fear of humiliation can result in inadequate care of the patient (e.g., a nurse might be unwilling to draw attention to a surgeon’s breech in sterile technique or to an action that compromises patient privacy)

ICD-10
Z56.4

Author
Eliza Schub, RN, BSN
Cinahl Information Systems, Glendale, CA

Reviewers
Dawn Stone, PhD(c), RN, ANP, COHN-S
Nursing Practice Council
Glendale Adventist Medical Center,
Glendale, CA

Editor
Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

December 2, 2016
In the palliative care setting, conflict often arises between nurses and physicians surrounding the use of life-sustaining measures and other ethical issues. Conflict management (i.e., the effective implementation of strategies to cope with conflict) is an essential skill of the effective nurse manager, and one that can have positive outcomes for nurses as individuals and for organizations as a whole.

While the optimal goal of conflict management is to satisfy the needs and desires of all involved parties, a more realistic goal is to minimize perceived differences or use those differences to achieve a broader, mutual goal. The six general approaches to conflict management are collaborating, compromising, competing, smoothing, cooperating, and avoiding (see the above referenced Evidence-Based Care Sheet for more information).

Collaborating (i.e., integrating) is the preferred strategy for conflict management in nursing. Collaborating involves the reestablishment of a common goal by setting aside each party’s original, opposing goal. The outcome is mutually satisfying to both parties.

True collaboration differs from compromising and cooperating in that it is a mutual, assertive effort that requires respect, honest communication, and shared decision making for a perceived win-win outcome.

In studies of conflicts between nurses and physicians, investigators have found that staff nurses tend to resort to avoidance, and that doing so contributes to increased stress and reduced job satisfaction.

In a recent study, almost half of the 135 nurses surveyed reported having conflict with physicians, while nearly one quarter of the 106 physicians surveyed reported having conflict with nurses; both parties most often resorted to avoidance as a means of coping with conflict (64% of nurses and 61% of physicians); collaboration was the second most frequent strategy used by both nurses and physicians.

Interestingly, investigators in a 2007 study found that nurses who choose the more self-assertive tactics of collaboration in conflict resolution with physicians experience significantly less work-related stress and improved job satisfaction. These nurses were generally older and had more experience in the field of nursing.

Nurse-physician collaboration is typically most successful in nurses with strong professional self-confidence that results from the development of core skills and knowledge over time.

Some authors of studies about the relationship of workplace stress on nurse job satisfaction suggest that more attention be given to the prevalence of nurse-physician conflict, and skills for successful conflict resolution by:

- including conflict resolution topics in nursing school curricula
- having nursing mentors and instructors teach new nurses about problem solving, assertive behavior, conflict resolution, and relationship building
- Many professional organizations, including the American Nurses Association (ANA), the American Association of the College of Nurses (AACN), and the American Organization of Nurse Executives (AONE), have established conflict management standards to promote healthy work environments for nurses. These standards highlight effective communication and collaboration as valuable professional nursing skills.

What We Can Do

- Learn about common sources of conflict between the physician(s) and nurses on your unit so you can accurately assess the interpersonal factors that influence job performance, teamwork, and patient safety; share your observations and ideas for conflict management with other nurse managers
- Become knowledgeable about conflict management standards accepted by your facility
- Observe interactions between nurses and the physician(s) on your unit, noting any signs of aggression, intimidation, or other inappropriate behaviors that can negatively affect interdisciplinary collaboration
- Empower nurses by orienting new nurses to the unit with the assistance of well-respected senior nurses who have established working relationships with the physician(s)
  - Promote a sense of autonomy and clarify role expectations by periodically reinforcing job responsibilities and emphasizing that the nurse-physician relationship is intended to be a collaborative one
- Join, and encourage fellow nurse colleagues to join, committees in your facility to strengthen the voice of nurses
- Concentrate on team building; advocate for in-service educational programs, hold regular staff meetings, and develop interdisciplinary advisory teams.
Choose the conflict management strategy that best fits the situation, keeping in mind that collaboration often provides the best long-term outcomes. Work toward the ultimate goal of minimizing the negative effects of conflict on work performance and patient outcomes.

- When interacting with nurses, use active listening and open communication, separate fact from opinion, and plan your response carefully rather than immediately providing a solution.
- When appropriate, confront the situation; avoid automatically taking the nurse’s stance, but show sensitivity and support to the nurse’s concerns.

Note

Recent review of the literature has found no updated research evidence on this topic since previous publication on December 4, 2015.
References


