

# NURSE MV

ISSUE 5



## MANAGING A STAFF PROBLEM: CONFLICT MANAGEMENT AND SUCCESSFUL CHANGE IMPLEMENTATION FOR NURSING PRACTICE

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## CHANGES OVER THE DECADES: MY EXPERIENCE IN NURSING

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## WORKFORCE: A CONCEPT ANALYSIS

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## AUDITING NURSING DOCUMENTATION

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# CONTENTS

Editor's Note .....	5
Workforce: A Concept Analysis .....	6
Auditing Nursing Documentation .....	9
Managing A Staff Problem: Conflict Management And Successful .....	
Change Implementation For Nursing Practice .....	14
Changes Over The Decades: My Experience In Nursing .....	20

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# EDITOR'S NOTE

Dear Readers!

Welcome to the 5th issue of NURSE MV. It gives me and my team great pleasure to invite the nursing community to read our magazine. A digital copy of this issue will also be available from the website.



▲ Salma Hassan (Editor)

I take this opportunity to congratulate the School of Nursing on the occasion of its 4th anniversary on February 1st, 2022. The School of Nursing has been expanding its courses and programs in different parts of the country. This year, Advanced Diploma in Midwifery (ADM) is being inaugurated in Thinadhoo Campus(TC) for the first time. With this new addition of course in TC, ADM course is currently ongoing in Kulhudhuffushi Campus (KC), Male' campus (MC) and L. Gan campus (GC).

The NURSE MV continues to bring you diverse perspectives of the profession. This issue contains: Workforce-A concept analysis, which gives an understanding of the term in varied disciplines; Auditing nursing documentation, which is an essential component of nursing care followed by Conflict management and successful change implementation for nursing practice and Changes over the decades, an interesting article looking back at the different decades of Nursing in the Maldives a personal experience.

Thanks and appreciation to all those who have contributed to this edition of NURSE MV and special thanks to the hard-working editor's team!

**Enjoy reading!**

# WORKFORCE: A CONCEPT ANALYSIS



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## Introduction

Workforce is a concept increasingly used in a range of disciplines and professions, including healthcare and nursing. The paper aims to clarify the concept of the workforce through a systematic exploration of a review of literature of various sources and disciplines to get a more fundamental and in-depth understanding of the usage and underlying attributes of the concept.

## Origin and definition of the concept

Literature search on the origin of the concept revealed the term worker or laborer had been documented in the 1840s to refer agricultural workforce in the Victorian Era of England (Verdon, 2019). An extensive search through published literature did not reveal any specific definition of the workforce. There are several dictionary definitions available on the workforce. According to the Collins dictionary (n.d.), the word workforce is defined as "the workforce is the total number of people who are employed by a particular company." Merriam|Webster dictionary (n.d.), defines work as "the engaged in a specific activity or enterprise." Cambridge (n.d.) dictionary defines workforce as All these definitions have similar commonalities of characteristics such as the total number of employed, people who are seeking or available for jobs, engaged in a specific activity, people who work for the organization.

## Uses of the concept in a variety of disciplines

Workforce is a term used in the literature of numerous fields including nursing, healthcare, education, military, hotel, aviation, management, manufacturing and construction industry (Arcand, 2016; Chandan et al., 2019). Thorough, in-depth literature review did not reveal a specific presentation of the definition of "workforce." However, the usage of the term "workforce" was evident in many disciplines. The meanings from other disciplines add understanding to the concept of the workforce used in various contexts. Workforce is skilled workers in the service industry, transport, retail and wholesale trade, manufacturing, construction, agriculture, forestry, fishing, and hunting (Guerin et al. 2020). In industries such as construction and manufacturing, the workforce is a group of employees or workers assigned to perform the job based on the skill composition (Bender et al., 2018). For example, in manufacturing industry, the workforce is employees assigned for the

production of the goods produced by the company (Mozafar et al., 2013). On the other hand, in the hotel industry, the workforce is staff with specific skills to provide the services of the industry (Chandan & Singh, 2019). Generally, from an enterprise or business perspective, the workforce refers to different levels of skilled employees, from laborers, clerical staff to professionals, executives, and entrepreneurs (Wright, 2010). Thus, it can be summarized workforce is referred to as employees of an organization, and the overall management of an organization's point of view workforce is regarded as employees assigned to work in the company.

In healthcare, the term "workforce" covers a wide range of members of delivering healthcare services, such as doctors, nurses, midwives, dentists, and pharmacists, as well as allied health professionals, public health professionals, health management, and administrative and support staff (WHO, 2016). According to Nancarrow (2015), the workforce in healthcare "is an organized group of professions that embrace a repertoire of pre-defined skills within a unifying philosophy, codified through formal education and measured by the achievement of specific competencies" (p. 4). The health workforce is as having the right number of workers suitably trained with required skills competencies distributed to meet population needs (WHO 2016). Likewise, the nursing workforce is the skilled employee of a healthcare organization that provides nursing services (Dawson et al., 2015).

## **Commonalities of characteristics identified**

Defining attributes are those characteristics that best describe the concept. Walker and Avant (2019) state defining attributes that have distinct characteristics and frequently associated with the concept and repeatedly appear in referring to the concept. Based on this principle following are the three defining attributes or commonalities of characteristics, namely (i) employees in an organization (ii) requirement of specific skills (iii) group of workers assigned for job or service.

The first characteristic of the concept, "employees in an organization," is the most important human resource component. Workforce is a variety of employees working in an organization, depending on the product they produce or the service provided in the organization (Guerin et al., 2020). In healthcare, workforce is the right type and number of healthcare employees in the healthcare organizations (Squires et al., 2016). The second defining attribute is the need for required skills of the workers in an organization for the delivery of through service. Healthcare service needs employees with skills to provide quality care for the patients (Commetto et al., 2020). The third attribute is "a group of workers assigned for a job or service," which is the provision of service of an organization or manufacturing of a product of the company. Healthcare services offer the services through interdisciplinary teams of health professionals (WHO, 2016).

## Definition of the concept based on defining attributes

Based on the identified attributes, the definition proposed through the concept analysis is "workforce is a team of workers with skills employed to meet organizational outcomes such as the provision of a service or manufacturing of the product(s)."

## Construction of Model Case

Model cases reflect the defining attributes of a concept. A model case is a real-life example of the concept that demonstrates all the essential attributes. According to Walker and Avant (2019), the purpose of the development of a model case in the framework of concept analysis is to provide a clear example of a case that reflects all the defining attributes of the target concept. Following is the model case developed for the concept of "workforce."

A tertiary hospital has been experiencing an increasing number of patients needing treatment and care related to cardiology. The cardiology unit expanded to meet the patient treatment and care services. Also, there was the hiring of required employees to the organization. The healthcare providers working in the unit had the skills necessary to deliver the services. Since the cardiology unit function with a multidisciplinary team of nurses, doctors, specialists, and related healthcare professionals, the required number of healthcare professionals were organized to provide the service to meet the organizational outcome.

This model case has identified the attributes of the concept. The first defining attribute is the

organization hiring the required employees. The employees who are the healthcare providers had the skills needed to provide the service, which is the second defining attribute. The third defining attribute is employees work in a multidisciplinary team to provide healthcare services, which is the organization outcome.

## Conclusion

This concept analysis helped to refine and understand the workforce conceptualized in various disciplines. Through the concept analysis, extracted the commonalities aided to identify the defining attributes and present a definition. The developed model case was with inclusion and identification of the defining attributes or characteristics.

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## AUDITING NURSING DOCUMENTATION

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### Introduction to the issue

Nursing documentation serves as a prime evidence of care delivered to patients by nurses. It is also referred for the purpose of research, education, auditing, and monitoring, communication, legal and professional reviews (Tasew et al., 2019; Selvi, 2017). Likewise, it helps in promoting quality of care by being a form of communication between nurses throughout patient care (Wang et al. 2015). Nurses have been documenting the delivered care in some form throughout the nursing

history. However, standard language to communicate nursing care is not established in all organizations (Adubi et al. 2017). Standardized documentation is necessary to deliver safe and quality care to patients (Selvi, 2017). Nursing documentation is not necessarily the nurses' notes. Among many other types of forms, some are documentation related to nursing care such as neurological assessment form, pressure ulcer assessment form, vital signs chart, medication charts, incident reporting forms, carer identification form, intravenous phlebitis form, invasive devices form. However, discrepancies and lack of standardized documentation result in

decreased patient care quality and patient satisfaction (Krakau et al., 202; Hansen & Fossum, 2016).

For instance, documentation in incident reporting is also crucial in promoting the quality of care. For cases where patient safety is compromised, Quality Improvement Department (QID) within the organization does case reviews by analyzing the retrospective data. Most of these include nursing-related documents. In addition to reviewing the medical documentation, nursing documents are also analyzed to double-check the findings of the case reviews by the QID. More importantly, in cases where the patient or patient party has claimed a case of negligence, nursing documents are reviewed by lawyers as well. This might be a medication error where the patient suffered damage and the organization becomes liable to compensate for it. Therefore, nursing documents play an important role in safeguarding healthcare professionals as well as providing quality care to patients. Proper documentation assists healthcare professionals and nurses to conduct clinical audits (Jember et al., 2018). Moreover, nursing documentation helps nurses to anticipate the care needed to achieve the nursing care goals and modify nursing care accordingly with proper monitoring (Sawan et al., 2020).

### **Plan to audit the situation**

Clinical audits are important components in continuous quality improvement by comparing the current practice in care to standardized care in the organizational guidelines. The initial stage of clinical audit is passed by selecting a

topic (Limb et al., 2017). In this case, the topic selected was “Documentation in Nursing”.

After selecting a topic, the clinical audit team needs to finalize a standard with which the current practice needs to be compared (University Hospitals Bristol, 2017). When selecting the standard criteria, the main aims of quality improvement and the best practice needs to be reviewed. While criteria are being set, the organization must ensure the criteria are specific, measurable, attainable, realistic, and time based. The main aims of quality improvement in a healthcare system include patient safety and effectiveness of care, ensuring that the care is efficient, timely, patient-centered, and equitable. Benchmarking can also help in identifying the best options in setting standards (Fink, 2016). Therefore, best evidence-based practice in documentation in nursing needs to be identified through a literature review. Likewise, standardized documentation strategies used in other healthcare organizations providing a high quality of care shall be reviewed. For example, the implementation of electronic health record systems for documentation is suggested. It will help in standardizing the documentation of nursing care as it can provide guidance and nurses are usually trained to use these systems before they are incorporated into practice (Momenipur & Pennathur, 2019; Salleh et al., 2021). In the third stage of the audit process, data need to be collected on the current practice of documentation. This can be done retrospectively by reviewing the medical

records of the patients. In the fourth stage, these data need to be analyzed and measured against the standard set by the organization for quality improvement. This is called a retrospective audit (Kumar et al., 2021). Benchmarks related to nursing documentation standards can be used to uphold quality standards.

Once the current practice is analyzed against the standards, feedback shall be given to the nursing staff on areas to improve the current practice in documentation. This can be conducted in individual departments by the ward managers and quality improvement experts can facilitate them. Discussion can be conducted as in-service classes or mass-training sessions. In the sessions, possible changes to current practice also need to be explained. When proposing a change to the current practice, “driving forces” and “restraining forces” also need to be identified and addressed (Burnes, 2020).

In the following stage, change needs to be implemented into practice. Enough period should be given for the change to be embedded into the practice before the re-auditing process begins. Once the change is implemented, a second set of data should be collected to assess the current practice in nursing documentation after the changes have been implemented. Additionally, these data are analyzed and then the feedback is delivered and shared with all the nursing staff in the organization. A session can be conducted to discuss whether the changes brought to nursing documentation have benefited the patients by improving the current practice and

quality of care. A process quality indicator can be selected to evaluate the quality of care or practice. A process quality indicator is preferred because it measures the key performances directly. It is also known to affect the patient outcome (Thillainadesan et al., 2021).

### **Evidence-based practice to manage the issue or situation**

To establish a standard, it is important to identify the key elements in a standard nursing documentation practice. Some of the key elements identified in literature include accurate, complete, and objective documentation, date and time, using appropriate forms, patient identification, using standard abbreviations, legible writing, correct spelling, correcting errors properly, signing each entry, options for entry of omission (in medication chart), documentation of medication error (Selvi, 2017). The introduction of an electronic documentation system is also known to standardize nursing documentation (Cutugno et al., 2015; Bail, 2020). Additionally, training of staff with orientation programs and continuous education in evidence-based practice in documentation, redesigning documentation forms, use of appropriate nursing skill mix in managing high nurse-to-patient ratio, and consistent support from the nursing leadership can help in improving the nursing documentation (Okaisu et al., 2014; Kebede et al., 2017; Zaman et al., 2021).

## Recommendation and suggestion for utilization and application

Several recommendations have been identified from evidence-based practice. Ideally, the most feasible suggestion to apply in our current practice is the support from the leadership of nurses to maintain standards in nursing documentation. Ward managers can regularly check on the documentation practice used in their ward area so that effective supervision and constructive feedback can be given on regular basis. Likewise, to address the quality of documentation due to high nurse-to-patient ratio, a skill mix can be used. For example, enrolled nurses' skills and clinical competencies can be utilized in performing non-invasive procedures such as Naso-Gastric (NG) feeding and perineal care. This can promote time management for registered nurses who are engaged in critical care of patients with a high nurse-to-patient ratio. The introduction of an electronic health record system can also help in the Maldivian context as advanced technology is highly appreciated in our community. Moreover, nurses can be trained via in-service classes to facilitate the use of electronic health record systems. According to a personal interview with a senior registered nurse working at Indira Gandhi Memorial Hospital (IGMH), there is currently an ongoing effort in IGMH to introduce an electronic health record system named Health Management Information System (HMIS). Such health record systems can be utilized to promote standard documentation practices in the Maldivian context.

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# MANAGING A STAFF PROBLEM: CONFLICT MANAGEMENT AND SUCCESSFUL CHANGE IMPLEMENTATION FOR NURSING PRACTICE

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## Introduction

Interpersonal conflicts among coworkers are very common in organizations and these conflicts can result in a

disruptive work environment, ineffective interpersonal relationship, and lower productivity of the organization (Marquis & Huston, 2017). Improper implementation of changes in the workplace is one of the common reasons for conflict among nurses in healthcare organizations (Shah, 2017). This article comprises of a brief description of change resistance, example of an interpersonal conflict using a sample scenario, conflict management, implementing change successfully and how to evaluate the effectiveness of the conflict resolution.

## Interpersonal Conflict at the Workplace

An interpersonal conflict among nurses can be recognized as a disagreement between two nurses or subgroups of nurses involving significant resentment and dissatisfaction (Shah, 2017). Interpersonal conflicts which occur among nurses in the clinical setting can affect the quality of nursing care and patients might suffer as a result of the conflict between nurses. Therefore, it is vital to manage staff

conflicts.

Nurse managers play a key role in managing conflicts among team members which occur in their assigned ward. Managers should identify the origin of the conflict, intervene in the conflict immediately, and use the best conflict resolution strategies such as collaboration to resolve the conflict effectively (Marquis & Huston, 2017). This would enhance teamwork and improve the overall productivity of the ward and organization.

## Sample Scenario

Nurses working in Operation Theater (OT) of 'X hospital' were recognized to have work-related musculoskeletal disorders (WRMSD) due to ineffective work environment and improper body posture by a new staff nurse (Staff A) who joined very recently. She encountered many issues in nursing practice that puts the nurses at risk of getting WRMSDs such as 2 nurses alone lifting patients on general or spinal anesthesia, without the use of patient roller board when shifting patients, and not maintaining proper posture while lifting patients. Therefore, she proposed a change to the ward manager regarding the use of patient roller boards and involving surgeon and anesthetist when needed during patient shifting, so that it will help to reduce WRMSDs in OT nurses. The ward manager liked the

change proposal but was too busy so she asked Staff A to conduct a ward meeting and inform about the changes to all the other nurses and doctors.

Staff A conducted a meeting and demonstrated the correct postures when lifting/shifting the patient, implemented the changes and informed that hereafter everyone has to use the patient roller board when lifting patients and to involve at least 4 people when shifting a patient (if not enough nurses, to involve doctors in lifting the patient). However, some of the nurses did not like the change as they believed that it is time-consuming to use the patient roller boards and to call the doctors for assistance in lifting the patient.

One of the nurses (Staff B) showed resistance to change and shouted at Staff A saying that she is trying to bring unnecessary changes and trying to be the boss even though she joined recently. Due to this, there was a conflict between Staff A and B, and both of them stopped talking to each other after that. At last, no one followed the change as there was no motivation or support from other nurses or the manager, and some showed change resistance. Finally, an unsuccessful change process was encountered along with a lack of harmony and teamwork in the work environment.

Ineffective communication among team members is also identified from the scenario. The criticism and hostile behavior of Staff B towards Staff A led to further disparities in communication such as avoiding and not communicating at all with each other. Not being

able to communicate and resolve conflict due to a busy work environment is a common issue occurred among nurses, and due to ineffective communication, the unresolved conflict may later arise more exaggeratedly (Shah, 2017).

### **Analysis of Issues and Gaps**

According to the scenario, conflict mainly occurred due to ineffective communication regarding the change by the ward manager, which led to change resistance among some of the nurses in the ward. Since Staff A was the one who communicated about the change, the other staff nurses misinterpreted that this change was brought by her. Therefore, they showed resistance to change. It is vital for the manager to communicate regarding the changes since employees generally tend to follow orders by managers but resist to follow changes carried out by staff at the same level or lower level than them (Marquis & Huston, 2017).

It is not the change that creates the resistance, but how, when, and by whom it is implemented. If the ward manager informed the staff members regarding the change, they would have been more cooperative and there would have been a higher probability that the staff would accept and follow the change implemented (Weiss & Tappen, 2015). Hence, improper communication on behalf of the ward manager regarding the change can be acknowledged as an issue that leads to conflict among team members. Likewise, lack of motivation and support from the ward manager in the change process is also an issue. Due to time constraints, the manager was not much

involved in the change process, which leads to inappropriately managed conflict and change resistance.

Change resistance is another issue identified from the scenario. Without adequate support from team members, change cannot be successfully implemented (Weiss & Tappen, 2015). It is evident from the scenario that there was a lack of support from team members which hindered the change process and lack of teamwork led to change resistance. Furthermore, in order to implement a successful change, all the team members should be involved in the planning process so that the necessary information and decisions are adequately discussed before implementation. This would facilitate a sense of belonging and the team members would feel that they are making a valuable contribution to the change process (Sullivan & Decker, 2012). However, from the scenario, it is clear that the manager did not involve any team member other than Staff A in the planning process. The team members were also not involved in any decision-making regarding the change, which lead to discontent among team members.

### **Managing Interpersonal Conflict**

To manage the conflict occurring due to the change process, it is significant that the ward manager communicates with all the staff regarding the change, the necessity of the change to the ward, and implement strategies to manage change resistance. It is the role of the manager to share the vision of the future state after successfully implementing the change, such as reduced WRMSDs, reduced

muscle tension, and fatigue among staff (Hills, 2016). According to Marquis & Huston (2017), commonly used conflict resolution strategies are competing, compromising, smoothing, avoiding, accommodating, and collaborating. In addition, some of the strategies that a nurse manager may use to facilitate conflict resolution in the workplace are confrontation, behavior change, responsibility charting, third-party consultation, and soothing one party (Marquis & Huston, 2017). From these strategies, the best way to deal with interpersonal conflict between team members is confrontation. It is the role of the manager to urge the employees to handle their conflicts using face-to-face communication.

Applying the strategy of confrontation to the scenario can help to resolve the conflict which occurred. By applying this strategy, the ward manager can encourage and facilitate Staff A and B to resolve the conflict by talking to each other respectfully. From the scenario it is evident that communication was avoided by both parties and doing so can worsen the situation and might cause conflict to arise later in a more exaggerated fashion (Kappel, 2017). Therefore, applying the confrontation technique in this situation can help identify the issues contributing to conflict and how to solve the conflict effectively.

Confrontation can promote open communication and collaboration between both parties further promoting a better insight into the issue. Likewise, confrontation can also promote positive changes in both the party's emotions and actions which could reduce change resistance and aid both parties to

achieve an optimal goal (Marquis & Huston, 2017). Hence, confrontation can be acknowledged as the best way to deal with the problem in the scenario.

### **Successful Change Implementation**

The Plan-Do-Study-Act (PDSA) cycle is a scientific approach to successfully implement the change (Taylor et al., 2014). When planning to implement new change to work processes such as in the scenario, the PDSA cycle can be used to analyze and test the ongoing process of change. This can be helpful to avoid change resistance and conflict between team members (Taylor et al., 2014).

The problems related to the change management process can be mitigated before it occurs. One way this could be facilitated is by giving all the team members equal opportunity to contribute their ideas, strategies, expectations as well as outcome with regard to the change. Therefore, in the planning phase of the PDSA cycle, the ward manager should collaborate with all the team members and acknowledge the value they add to the change. The collaboration technique is an assertive means of conflict resolution which results in a win-win solution (Marquis & Huston, 2017). Using this strategy, the manager can collaborate and openly communicate with all the staff regarding how to implement the change effectively. Furthermore, the manager should communicate to all the staff regarding the change rather than delegating one individual the work of communicating and implementing the change (Weiss & Tappen, 2015). The goals and objectives of

implementing the change should be clearly communicated by the manager to all staff in the planning phase.

The next step in the PDSA cycle would be to carry out a test round where it is possible to measure the resistance and conflict which occurs if the change is implemented (Taylor et al., 2014). In the "Do" phase, the planned change will be carried out as a test which will allow the manager to collect and begin analyzing the data regarding the effectiveness of the change as well as the resistance which occurs. Using collaboration techniques, the manager can work together with all the staff and make a shared decision where everyone can work to accomplish a mutual goal of reducing WRMSDs in OT. If any resistance is observed in the test round, it is the role of the manager to clearly communicate with all the staff regarding the significance and benefits of the change, provide guidance and assistance to follow/maintain the change and manage the resistance to change.

The next step in the PDSA cycle is the "Study" phase where the manager would complete the analysis and compare the data to the predicted outcomes of the change (Taylor et al., 2014). In this stage, the manager will summarize what was learned and decide the best possible way to implement the change with the least resistance.

The last step of the PDSA cycle is to "Act", which is where the manager decides whether to implement the change or not, based on the data collected and analyzed from the test (Taylor et al., 2014). The manager brings

necessary changes to the initial plan and implements the final change process. During this phase, the manager should provide continuous support and motivation to all the staff to sustain the change and should identify ways and implement alternative strategies to manage the change resistance. Furthermore, the manager can also provide motivators such as rewards, recognition, and positive reinforcements so that the staff will be motivated in sustaining the change.

Managers should always work as a role model to team members throughout the change process. In situations where interpersonal conflicts among team members occur, immediate action should be taken. The team members should directly communicate with each other and use techniques such as confrontation and third-party consultation to solve the conflict (Marquis & Huston, 2017). Likewise, managers should provide direction and assistance to the team members to manage change as well as to solve the conflict between team members (Weiss & Tappen, 2015).

### **Evaluation method**

To successfully implement and sustain a change, it is vital to continuously evaluate the process of change. Once the change has been implemented, ward managers can observe the team members' behavior and attitude towards the change and identify if any members show resistance. This form of direct observation can be an effective method to evaluate whether the team members are embracing the change or not. The manager can use methods such as

ward round to conduct the observation process. Moreover, the manager can also evaluate the change by interviewing the team members on their views regarding the improvement that the change has brought to the ward and its effectiveness.

Furthermore, a monthly ward meeting can be used by the manager to evaluate the success of the change by measuring its positive or negative effects on the working condition of the staff as well as their performance. Any conflict that occurred due to change can be identified and evaluated using direct observation and by questioning team members regarding the conflict. Interpersonal conflicts among the team members should be evaluated and addressed by the manager as soon as possible to enhance teamwork (Marquis & Huston, 2017).

### **Conclusion**

Employee conflict negatively affects the organization, as well as the individuals within the organization (Hills, 2016). Interpersonal conflicts among coworkers can result in a disruptive work environment, ineffective interpersonal relationships, and lower productivity of the organization (Marquis & Huston, 2017). Hence, it is necessary to manage staff conflicts. Ward managers play a key role in managing conflicts among team members which occur in their assigned ward. Inappropriate management of employee conflict can have unintended consequences such as violence, destruction of interpersonal relationships, and hostility. One of the best ways to deal with interpersonal conflict

between team members is confrontation (Marquis & Huston, 2017). Interpersonal conflicts among the team members should be addressed by the ward manager immediately to enhance teamwork. When planning to implement a change, PDSA can be an effective approach that can help mitigate conflict and change resistance (Taylor et al., 2014). Lastly, to sustain a change, it is vital to continuously evaluate and monitor the change process.

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## CHANGES OVER THE DECADES: MY EXPERIENCE IN NURSING

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**Becoming a nurse wasn't my dream, it was Allah's plan for me!**

Nursing is known to be one of the noblest of all professions. I feel privileged to be part of this wonderful group of professionals. This is my Nursing story, which I will narrate divided into four decades. It is my wish that my students and the aspiring young nurses of today will get a "taste" of the earlier nursing times.

### In the year 1980s

In 1981, I completed my three and a half years of Nursing and Midwifery Diploma from Lady Hardinge Medical College and Hospitals, New Delhi/India. On returning to the Maldives, I was "automatically" employed at the Central Hospital, Male' which was the only tertiary hospital in the Maldives at that time. As I had studied under a government scholarship, I was obliged to complete a bond - and so began my nursing career.

In my first job at Central Hospital, Male' I worked as a Registered Nurse (RN), under the Nursing Director Ms. Raziyya Mohamed. I felt privileged to join an elite group of professional nurses who were not more than a mere ten in number. During that time, nurses in the Maldives received their nursing training abroad: in different parts of the world including Australia and Beirut; but mostly in India as I had done. These Registered Nurses,

along with a number of very dedicated and young Enrolled Nurses, formed the nursing workforce of the one and only hospital in the capital city of Male'.

The Central Hospital was a fifty-bed hospital; the major in-patient wards were: Female Ward, Male Ward, Isolation Ward, and later a Paediatric Ward and Surgical Ward. The main Out Patient Departments were the General and Specialist OPDs, the Emergency Room (named "Casualty" at the time), and Antenatal/Post-natal clinics. The other departments included the Labour Room, Operating Theatre, Blood Bank, and a Laboratory. It is worth noting that the Registered Nurse on duty was expected to supervise most of the above departments simultaneously. In every shift only one RN, then titled 'Staff Nurse' was on duty and she (there were only female nurses at that time) supervised the whole hospital excluding the laboratory. It was also the role of the RN to attend to the care of the critically ill, labor cases, accident cases, and emergency cases



as well as supervise the running of the Ante-natal and Post-natal clinics. In addition, it was also a time when children with Thalassaemia had to have their blood transfusions in the main hospital. "Bleeding" a donor and transfusing blood to these patients was one of the many important duties of the RN. As mentioned earlier, the RN provided care to all patients in the Labour Room and attended to all normal deliveries, and provided newborn care, including emergency care. There were only 2-3 obstetricians working in the Central Hospital and so he/she would be summoned if and when necessary, the custom being for the ambulance to be sent to pick up the doctor from home. I found that the trust and respect between the doctors and nurses of the time was one of the main secrets of our success. In addition, it was the willingness and dedication of the Enrolled Nurses that provided the core of nursing services.

### **In the year 1990s**

In the 90s, I had resigned from my government job and started working in a private organisation as a Registered Nurse. The change proved to be a convenient one for me personally as a mother of three young children, and also one which offered a change of perspective. The more relaxed and slower pace of a private organisation offered staff the opportunity to provide a more pleasant and relaxed approach to clients and their families. There I worked with a team of European nurses, doctors, and administrative staff. This was an eye-opener for me as the culture and quality of care were entirely different from that I had previously experienced. I learned to appreciate the need to

provide a quality service to clients and was able to offer nursing services in a very friendly and relaxed environment.

In the latter part of the decade, I joined the then Institute of Health Sciences (IHS), now the Faculty of Health Sciences, (FHS) as a Tutor Nurse. The IHS was under the Ministry of Health at the time. At IHS, some of the main courses offered at that time were the Certificate in Nursing, Diploma in Nursing, Diploma in Medical Laboratory Technology, Diploma in Primary Health Care, and a range of short-term courses. I taught in the Nursing courses and found that it was an area I enjoyed working on and would like to develop further.

In 1997, I received the opportunity to go abroad for higher education and complete a Bachelor's degree in Nursing at Edith Cowan University, Perth, Australia. This was the first time I was exposed to Western education and it was a privilege to study in a developed country and be exposed to world-class resources and environments. In 1998, the government established the first College in the country- "The Maldives College of Higher Education" (MCHE) with the then IHS which was under the Ministry of Health, also came under the same "umbrella" of training institutes governed by the MCHE. With the change, all the institutes of the MCHE changed to faculty status.

After I returned from abroad I continued to work at the Faculty of Health Sciences, The Maldives College of Higher Education. The Faculty was progressing at a fast pace and the intakes and courses increased, thereby requiring greater numbers of academic and

administrative staff. Consequently, the Faculty identified the need to train more academic staff and so with the help of AusAID, ten teachers were provided the opportunity to begin Post Graduate studies which were offered as long-distance courses. The Institute received academic support from the University of Newcastle, Australia, and the Lecturers visited the Maldives periodically as part of the Postgraduate teaching program.

I continued to work at IHS and enjoyed teaching nursing and other subjects. It was an interesting time getting used to the teaching and learning concepts and using them. I found teaching to be a satisfying and rewarding experience. Teachers received teaching support and we had the opportunity to complete a Teaching Certificate, which we found to be essential for teachers. I was also fortunate to be among the ten teachers to receive the opportunity to study for a Post Graduate Degree in Nursing at the same Institute. Studying whilst working and looking after a young family was a challenging experience. However, it was rewarding as I obtained a scholarship to continue to a Master's Degree in Advanced Nursing Practice at Newcastle University, Newcastle, Australia. Hence, I was able to travel to Australia to complete my Masters degree. I am greatly indebted to my parents and family for their love and support for me and in looking after my children, without which I could not have achieved any of my academic or other successes.

### **In the year 2000s**

During 2000-2001, I was among the four teachers who completed a Master of Nursing

(Advanced Practice) from Newcastle University, Australia. I continued to work at FHS. The programmes/courses offered at the Faculty continued to grow and develop and the need for more space led to a change to move to the present building at Handhuvaree Hingun, Maafannu, which occurred in 2005. The Faculty was internally then divided into departments based on their specialty areas and courses offered, one of them being the Department of Nursing and Midwifery. During this time, the Academic Senate was formed at the College of Higher Education and I felt proud to be the first representative from the Faculty of Health Sciences to represent the Faculty, at the Senate. When the departments were formed, I was offered the opportunity to head the Department of Nursing and Midwifery, which I felt honoured to accept. The tenure could not have been successfully executed without the support of my competent colleagues who coordinated and supported the smooth running of the department

### **In the year 2010s**

This decade saw a significant increase in nursing student numbers. New programmes were developed, including the Critical Care in Nursing, Advanced Diploma in Midwifery, and Bachelor's degree in Nursing. It was a real challenge to carry out the requirements of a very large student population. The College worked tremendously hard during the process of transforming into university status. In 2011, the Maldives College of Higher Education transformed into the Maldives National University. The nursing courses were

conducted by the Department of Nursing and Midwifery. In the Male' campus, there were about 15 Nursing teachers and I am proud to say they were all Maldivian.

In 2013, the Masters of Nursing course commenced which was a proud milestone for the School of Nursing. It was offered in face-to-face mode.

A significant milestone of the decade was the forming of the new School of Nursing in 2018 headed by Ms. Asiya Ibrahim as the Dean. It was achieved through the hard work of many dedicated teachers and others.

The School of Nursing offered its courses in all the major Campuses of the Maldives National University, which were spread to the main atolls of the country. I was fortunate enough to be able to travel to and teach on some of the campuses, an experience that was certainly very satisfying. However, the decade ended with the unwelcome outbreak of the Covid 19 pandemic, which transformed the whole world into a disaster zone! Globally it was a time when we were working towards survival and the overcoming of a deadly virus, the Coronavirus. Overnight, preparations had to be made in all spheres of life. As a teacher, I had to prepare to teach online. It was challenging at first, but as the saying goes "necessity is the mother of invention": new modes of teaching, and assessments were prepared. Students and teachers alike had to learn to face changes and do the best that was possible given the circumstances, especially when the whole capital city went into lockdown.

Among the changes: Face to face exams had to be changed to online ones. Then came a whole

new set of challenges which as a team of Nursing Teachers we have been able to manage. Practical classes had to be reduced to ones smaller in numbers and the clinical postings were drastically reduced to very small groups, as the hospitals could not mentor many students during the crisis time. Various workshops were conducted by the MNU to train teachers for the online mode. In the third year on, the Covid pandemic continued. Face-to-face teaching resumed at MNU while adhering to the guidelines laid down by the Public Health Authority of the Maldives-HPA.

During the pandemic, many students and teachers worked as volunteers while performing their professional duties. I found it a very interesting experience to volunteer at the "Call Centre" which was the main Hotline and point of contact for Covid related issues. The experience of working at the Central Hospital together with the experience of teaching made my role quite easy.

Working through almost four decades in the health field has enriched my thinking, developed my teaching and learning skills, and most of all improved my capacity for empathy and understanding other human beings.

**Alhamdulillah.**



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*If you give nurses and student nurses few alternatives,  
then they are limited in their ability to sustain themselves. If you teach nurses to  
think themselves, they will have the tools to meet the ever increasing demands  
of a life time of nursing practice and nursing students practice  
(Ozkahraman & Yildirim 2011).*

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