**NR 506** **Week 5: Conflict at the Office Discussion**

Student Full Name

Institution Affiliation

Course Full Title

Instructor Full Name

Due Date

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**Analysis of the Case Study**

The case study presents an ideal scenario of conflicts at the office that emanate from workplace incivility. Although the outpatient primary care office has been in operation for over 15 years, the prevalence of uncivil behaviors, including conflicts among nursing staff affects team cohesion and employees' ability to fulfill their responsibilities and roles. For example, an intense argument between a medical assistant and her colleague affects her ability to report the vital signs of a patient grappling with very low blood pressure. Equally, these conflicts compromise the competence of cooperating effectively and reduce time spent with patients, affecting clinical workflows and threatening patient safety. Amidst the adverse consequences of uncivil behaviors and acts, workplace leadership should implement evidence-based practices and strategies to improve behaviors, transform workplace culture, and promote interpersonal collaboration.

**Potential Ethical and Legal Implications in the Case Study**

Medical assistants, nurse practitioners, and medical directors encounter various legal and ethical implications of conflicts and other uncivil behaviors affecting clinical practices. For example, a medical assistant's failure to record and report a patient’s vital signs struggling with hypotension can jeopardize care continuity and lead to adverse consequences, including death and errors of omission. The reported conflicts between healthcare professionals and the potential effects on the patient's safety attract various legal and ethical implications, including suspension, licensure revocation, and lawsuits. These legal and ethical issues affect medical assistants, nurse practitioners, and medical directors responsible for case management and the enactment of care plans. Equally, conflicts between healthcare professionals and other forms of workplace invincibility affect professional practice by perpetuating negative behavioral, psychological, and somatic effects (Asghari et al., 2017). These concerns increase healthcare professionals' propensity to medication errors, burnout, heavy workloads, and intentions to quit.

**Strategies to Prevent Further Episodes of Potentially Dangerous Patient Outcomes**

As a nurse practitioner, I must demonstrate knowledge and awareness of various forms of workplace incivility in my office space and comprehend proven interventions for preventing workplace incivility. According to Armstrong (2018), the recommended interventions for addressing uncivil behaviors and acts in healthcare institutions include educating and training employees regarding responses to uncivil behaviors and improving self-efficacy in responding to uncivil behaviors. Equally, improving communication patterns and enhancing people's knowledge and skills are essential to avert behaviors that affect team cohesion and collaboration (Asghari et al., 2017). These approaches require the incorporation of leadership competencies to transform workplace culture.

**Leadership Qualities to Effect Positive Change in Nursing Practice**

Transformative leadership qualities are necessary for promoting positive change in the context of uncivil behaviors and acts that affect team cohesion and nursing workflow. According to Bhardwaj (2022), leadership tools like the ability to articulate an organizational vision, active listening, leading by example, persuasion, and storytelling effectively promote positive change and transform workplace culture to eliminate uncivil norms, behaviors, and acts. Equally, it is essential to embrace the four principles of transformative leadership to improve workplace culture. These tenets are idealized influence, intellectual stimulation, inspirational motivation, and inspirational motivation.

**References**

Armstrong, N. (2018). Management of nursing workplace incivility in the health care settings: A systematic review. *Workplace Health & Safety*, *66*(8), 403–410. <https://doi.org/10.1177/2165079918771106>

Asghari, E., Abdollahzadeh, F., Ebrahimi, H., Rahmani, A., & Vahidi, M. (2017). How to prevent workplace incivility? Nurses’ perspective. *Iranian Journal of Nursing and Midwifery Research*, *22*(2), 157. <https://doi.org/10.4103/1735-9066.205966>

Bhardwaj, A. (2022). Organizational culture and effective leadership in academic medical institutions. *Journal of Healthcare Leadership*, *14*, 25–30. <https://doi.org/10.2147/jhl.s358414>