CONFLICT AND CULTURE in nursing: IMPACT ON PATIENT SAFETY

LITERATURE REVIEW

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Abstract

This thesis is about culture and conflict in nursing; its impact on patient safety. The world is becoming a global village. Nurses have migrated from different part of the world in search for employment in different cultures and countries. Cultural differences bring about conflict which is inevitable. This work looks at how cultural conflict is prevented and managed to enhance safety at health care environment. The research question looked at is; the different conflict strategies used to manage and prevent conflict to enhance patient safety. The method use was content analysis, categorizing sentences into main and subcategories. Ten articles were used in this work. The key words used for the articles include, patient safety, conflict, culture, communication, and leadership styles. All the articles were read and the sentences in line with this work were chosen. CINAHL EBSCO was mainly used to search for the articles. The results indicated the fact that conflict when managed effectively enhances patient safety. Student nurses have to be trained at schools on how to manage and prevent conflicts at work place.

Keywords:	Patient safety, culture, conflict, communication, leadership styles.
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1 INTRODUCTION AND BACKGROUND

In the introduction, I looked at the shortage of health care professionals globally, the increasing number of migrating nurses from different parts of the world to work in a completely different cultural environment. The cultural background affects the care for patient. Conflict arise as a result of these cultural differences, yet health care professionals are obliged to practice good care to enhance patient safety in this complex health care environment.

1.1 INTRODUCTION

There is the growing demand and need for health care professionals globally. In Finland due to the ageing nature of the population, foreigners are being trained to work in various health care intuitions. These health care professionals have different cultural backgrounds and have to work with different people and different health care professionals in a team for a better result and patient satisfaction without compromising the safety of the patient. Flattening the hierarchy of issue in conflict is important among nurse administrators, cultural beliefs may also act as barriers in communication, yet still there is the need to overcome such issues to achieve safety (Reid, 2012).

Recently there has been a focus on patient safety in health care. This means that people and groups with different cultural background must cooperate to deliver good quality health care to their clients. As a result of this recent dynamic in the healthcare environment where professionals with mixed cultural backgrounds find themselves working together conflict is unavoidable. This conflict might affect patient safety and quality of care. Nursing ethics include the fact that nurses have to respect each other, both patients and workmates, nurses have to develop the habit of listening, accepting differences and above all not to violate the right of any human being whether a client or a colleague at work.Conflicts are sure to occur, but preventing and managing conflict can help to bring improvement and effectiveness in the quality care which eventually leads to patient safety (Bartol et al, 2001).

My proposal is to research and find the various modes used to prevent cultural conflicts in hospitals and how these cultural conflicts can be managed to improve patient safety.

It is a fact to state that whenever there is a difference among a group of health team workers the working atmosphere is not conducive for good results, conflict can be between two individuals, small groups, work teams, senior and junior nurses etc. According to the Oxford English Dictionary Culture involves the ideas, customs, and social behavior of a particular people or society. Culture is the characteristics of a particular group of people, defined by everything from language, religion, cuisine, social habits, music and arts. It is the way of life of a group of people (Oxford Advance Learners Dictionary p. 285).Conflicts in organizations appear to be associated with organizational characteristics, such as goals, values, and norms or related to structural aspects such as decentralization, heterogeneity or ambiguity of tasks (Hendel et al. 2005).

1.2 BACKGROUND

All health care professionals always try to push conflict away from their way. Nurses find it difficult to talk about conflict and try to resolve it. Conflict can never be avoided because as human as we are, conflict will come our way at homes and at our work places, we face conflict situation all the time;(Marshall & Robson, 2005). In health care environment nurses work with different teams. These teams include professionals with various cultural backgrounds, different patients with different norms, values and believe hence conflict is inevitable. Little is done at nursing schools to teach nurses about prevention and management of conflict. They are however caught unaware in the middle of conflict at their work places. Mayer (2000) suggests, "To say that we are in conflict is to admit a failure and to acknowledge the existence of a situation we consider hopeless." This approach towards conflict prevention and management is indeed similar to the attitude towards the need to improve patient safety.

Situations about conflict in any health care institution mostly seems to be hopeless and have no solutions, this is because of the blame game and the one who has to be responsible for the failure ,with the safety of patient in mind (Leap,2004); there is always the need to identify, mediate and offer solutions to conflict situations. This is because research has shown that the issue of conflict and patient safety do not improve by brushing over it or sweeping it under the carpet, it rather gets more complicated and worsens the situation which affects patient safety. On the other hand managing conflict improves

patient safety (Spears, 2005). Communication, collaboration, respect for one another is a vital ingredient to the attainment of any goals and objectives in any organization. Similarly these elements help improve patient safety in any health care environment (Baggs & Ryan, 1992). It is however sad to note that health care professionals have little or no knowledge about preventing and management of cultural conflict. Most health care institutions lack facilities and resources to manage conflict. Creating awareness about this inevitable problem which exits in our health care systems can help to bring this issue to public discussions.

1.3 HOW TO PROMOTE SAFETY

Patient safety suffers not because of mistakes made by nurses and doctors, but because the right procedure is not used to address the situation. There is the element of legal issues and fear among health care professional to report what exactly happened and how it happened. Most errors are kept unrecorded as a result of fear of being punished (Marshall, 2005), reports that because of not doing the right thing the care of patient has gotten worse. About half of physicians and half of nurses believe that fear and conflict hinders patient safety. Only few nurses think their colleagues are right to discuss adverse events with them. Cover ups, fear, conflicts brings silence and shame. These elements hinder room for improvement and learning. Anxiety and fear leads to conflicts according to Arndt and Spears, as cited by (Marshall and Robson, 2005). Health care professionals should make it a duty to report what exactly happens so that corrections are made, in such cases then health care professionals try to move closer to the safety of our patients.

1.4 CONFLICT IN HEALTH CARE ENVIRONMENT

The nature of healthcare makes it a classic example of a complex adaptive system. Errors comes to such systems on a regularly basis, these mistakes are also able to innovate and amend situations in the right order. Conflict usually involve several small parties and occur at different levels simultaneously. The struggle for power and superiority in healthcare system by doctors and nurses brings conflict and misunderstandings. Conflict

among health care professionals comes as a result of internal discord (Pavlakis et al, 2011). The background of both patients and health professionals in many communities is important to note, this can lead to potential barriers to helping parties create solutions. Strong gender inequities remain in healthcare in terms of the services offered to patients, opportunities for staff and the diversity within provider groups.

Preferences to conflict modes have a link to cultural patterns, individualism vs. collectiveness, and masculinity vs. masculinity vs. Femininity (Khanaki, 2010). Healthcare involves people interacting with other people to repair and preserve the health and personal integrity of patients. Often this involves issues about which people may have strongly held personal or religious values that may seem to be, and often are, irreconcilable. These factors add up to make our hospitals an ideal place for conflict to occur. As a matter of fact nurses and doctors should get an inside about the genesis of any conflict situation so as to find the appropriate strategy to solve it. When this is done properly we can improve patient safety.

1.5 EFFECTS OF MANAGING CONFLICT IN HEALTH CARE

In the past 20 years research has been done on the safety of patients. This has given healthcare professionals a clue to work towards practically attaining the aims and goals of patient safety. Various techniques such as SBAR, PDSA have been successfully implemented and used successfully. Interventions such as direct and indirect constraints, process standardization and simplification and effective communication have been implemented (Leonard.et al, 2004). While it is useful to have validated techniques that will concretely reduce unnecessary patient deaths and injuries, it is also useful to appreciate the extent to which unresolved conflict contributes to the many factors which create traps and hazards for healthcare providers and lead to undesired patient outcomes. Having a better understanding of conflict in healthcare and the ways in which it can be successfully prevented, managed and when necessary resolved, will lead to significant further improvement in the safer delivery of healthcare services.

Barton, (1991) writes that" for conflict to be managed effectively, it is important to recognize what the nature of the conflict is and how it will be managed and resolved. The effective management of an organization demands the integration of providers who may

vary enormously in scale and influence, who may possess contrasting cultures, and who may be dominated by professionals coming from different disciplines based upon conflicting paradigms". The use of appropriate conflict-handling modes in daily decision - making is one of many challenges facing nurse managers and is influenced both by the individual and the environment in which the person works. Resolving conflict effectively promote environment that stimulates personal growth and assists in providing quality patient care.

1.6 SUMMARY

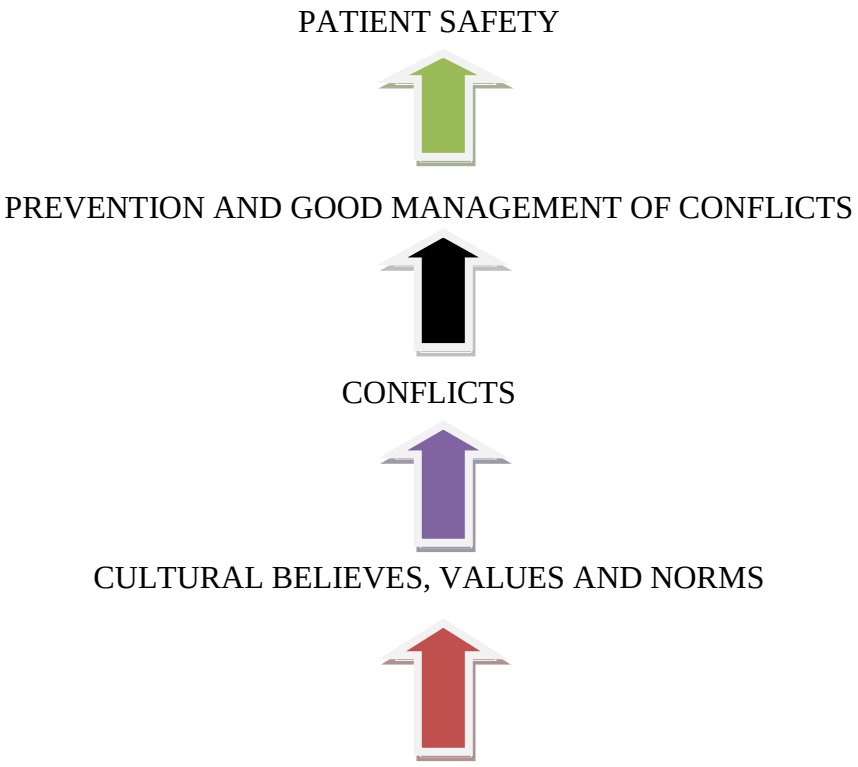


Figure 1 Relationships between cultural conflicts and patient safety

The complex nature of health care environment is a good example of an environment in which conflict can arise as a result of cultural norms, believes and values. This leads to

role conflicts which is inevitable. Preventing and proper management of these conflict leads to innovation and learning which leads to improvement in patient safety.

2 THEORETICAL FRAMEWORK

Researching into the basic element that brings patient safety is gaining grounds among health care reformist and various governments as well as various health care institutions'. This thesis was framed and structured based on Leiningers theory of culture care diversity and universality. Errors, accountability, apology, rights and obligation were also discussed in the theoretical framework to support how to work towards achieving efficient patient safety by preventing and managing conflict situations in Hospitals.

2.1 CULTURE CARE DIVERSITY AND UNIVERSALITY THEORY

Culture is dynamic in nature, it is the learned, shared, transmitted believes, norms, values and way of life of particular group that guides their thinking, decisions and actions in a particular direction (Leininger, 1995 p.60). Values, beliefs, and practices for culturally related care are affected and often include other social structures such as religion, philosophy of life, technology, education, economics, politics, kinship and cultural values these are viewed as ethno historical and environmental in that context.(Leininger, 2006a, p. 19).

People need most to grow, remain well, avoid illness and survive or to face death is human caring; Care is the essence of nursing and the distinct, dominant, central, and unifying, focus of nursing; Caring is the "heart and soul" of nursing and what people seek most from professional nurses and in health care services; Nurses are therefore challenged to gain knowledge about cultural care values, beliefs, and practices, and to use this knowledge to care for well and sick people; Cultural care theory and the use of research findings from many different cultures constitutes the new challenge for nurses in providing meaningful and congruent care to people in the world.(Leininger & McFarland,2002, cited by George 2011 p.413).

The theory of transcultural nursing care was built on the fact that people relate their experiences and perception about the care they receive in connection with health belief

and practices. From different cultural perspectives, lifeway of care, expressions, patterns have different interpretation (George 2011 p. 406,).

The theory deals with how to move nursing into a humanistic or scientific cultural caring perspective, and to have culture care as the central focus to explain and interpret nursing. In developing the theory of care, Leininger felt that human care with a transcultural focus had to be systematically studied with a comparative and interpretive focus to help people regain their wellness and to prevent unnecessary illness. Communities, cultures, and cultural institutions influence or impact on the individual in regard to human care, health and wellbeing has an effect both positive and negative about quality of care.

To further put more emphasis on her theory, the sun rise enabler was created. Below is the sun rise enabler diagram.

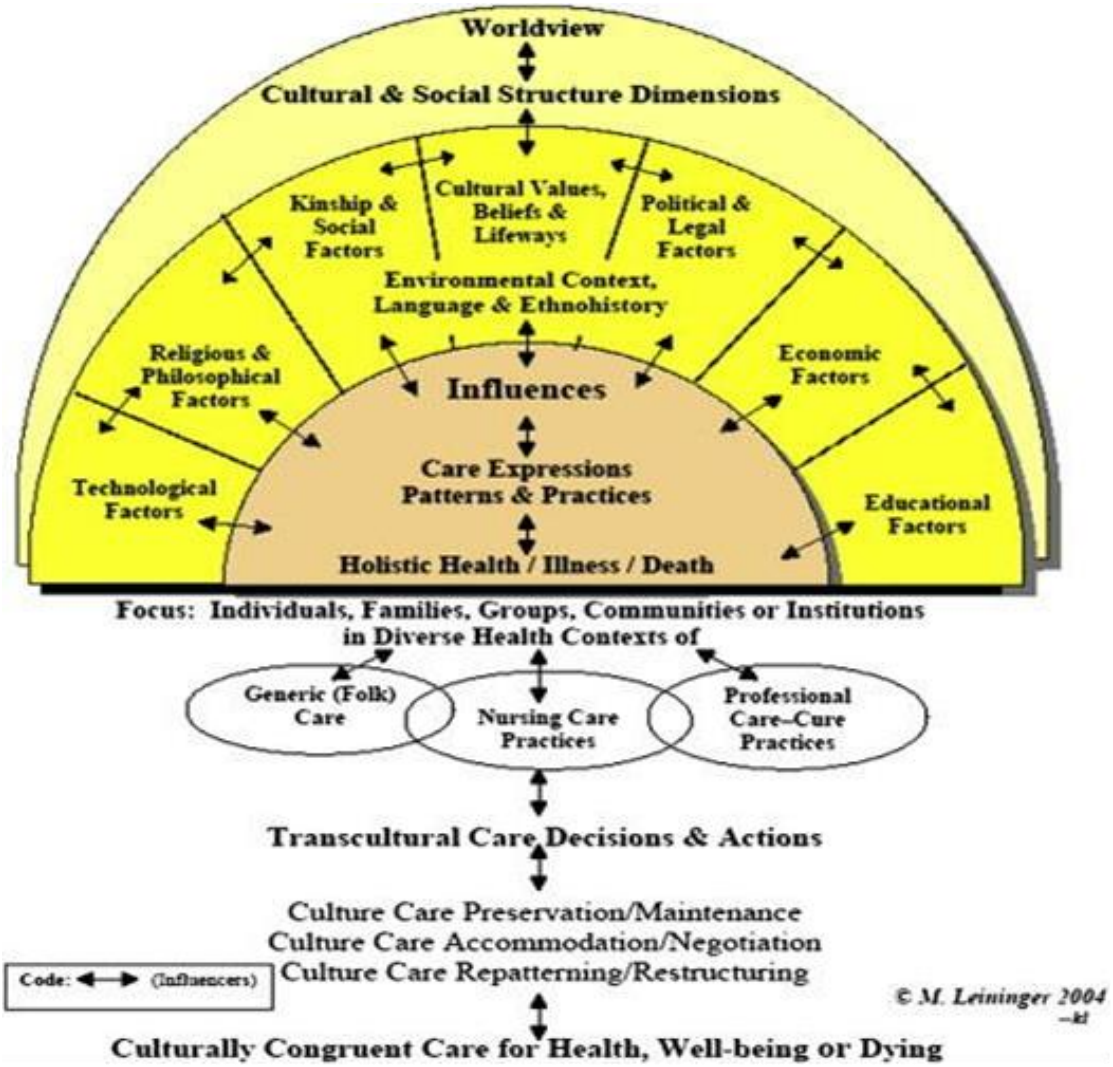


Figure 2 Leiningers sun rise enabler

(Photo taken from google.fi (Sun rise model+ Leiningers sun rise enabler.

The top which represents worldview leads to the study of the nature, meaning, and attributes of care from three perspectives. Values and social structures may be part of those perspectives. Studies occur between individuals in a small group. The middle perspective put emphasis on more complex issues in a particular culture.

This theory is a good framework for this thesis because it looks at the role that culture plays in bringing harmony and prevents conflict between nurses and their client. This same idea can be applied between nurses and their work mates so as to avoid cultural shock and un-necessary interference in the day to day activities in hospitals.

2.2 ERRORS AND PATIENT SAFETY

Governments and institutions are now focused on finding ways and means to limit medical errors to enhance patient safety. Blame game and sweeping concrete evidence under the carpet is becoming a thing of the past in medical institutions. Individuals are taking responsibility of whatever errors they made in the process of care and this has gone a long way to improve quality of care leading to reduction in patient injuries and death in the past decade (Leape, 1994). According to Davidoff as cited by Sharpe, 2004 p. 71, though mechanisms have been put in place to minimize medical errors, yet sometimes they do occur as the system and nurses are not perfect. When errors occur then the blame game follows; these individual blame games have created a barrier to quality change, quality improvement efforts and safe health care delivery.

Again Sharpe 2004, p. 71 cites the work of Reason indicating that as a result of the unsatisfying nature of the individualistic approach to error using the traditional method, a more sustainable approach has to be adopted to enhance patient safety. There is re-examination about these normal approaches to error in complex systems such as medicine. In comparing health care system with other complex systems such as nuclear industries and aviation, on how to handle errors, it has come to the point that when professionals in the healthcare learn from the lessons of errors in health care environment, then, can achieve a record of good patient safety in health care (Liang 2001a). It is sad to note that legal issues and the complex nature of the health care environment continue to hamper effort to alleviate the individual from the error (Liang, 1991).

To compound the problem, when any error happens the authorities are quick to question the integrity of the health care professionals without taking into account the nature of the errors created by the system itself, either these errors enhance quality of care or not they are fast to apportion blame. This does not bring about necessary growth and quality patient care but rather helps to widen the gap between the clients, family members and the health care providers which hinders patient safety (Sharpe 2004 p. 72).

Though the education about errors have reached the medical providers and the legal authorities as well as the general populace, they are still not familiar and not conversant

with the error disclosure theory and hence find it difficult to accept it in totality. A number of people have used this theory wrongly and still hold the view of the blame and shame game. They merely talk about errors when it comes to safety of patient, but in effect try to promote blame and shame game (Liang 2002a).

Safety at work is the paramount duty of every worker in the health field. We must learn from other industries about the way they handle mistakes whenever they are working. It is only when we are able to recognize this, then we can help to be on board to minimize error to improve safety at hospitals (Liang 2000d, 2002a).When it comes to health care system nurses, patients and other health care professionals have to be together in solving such issues, there should be mutual respect and each given the right to express oneself, there should not be any superiority or weakness since this is an issue which needs all the parties on board. "Medical error can be defined as a mistake, inadvertent occurrence, or unintended event in a health care delivery which may, or may not, result in patient injury" (Liang 2000d).

In this definition there is an exception that intentional harming of the patient is not a medical error, The difference is clear, intentional actions are mischievous and is not considered as an error, this account for a small percentage of patient injury in hospitals. The attention must be on individuals who as a result of doing their duties found themself committing errors unintentionally, but are working in systems where mistakes can and do occur (Sharpe 2004 p. 61).In a system where humans are trying to attain some specific high level goals, errors are bond to occur no matter how experience one is or how caring you are. Health care professionals work with machines at hospitals, the efficiency of humans and machines are not 100%, hence there can be system failure and human errors which are unavoidable. Studies have found out that there is a cognitive process in error occurrence. Unintentional action and mistakes are inevitable. (Reason, 1990)

2.3 OBLIGATIONS AND RIGHTS

It is important to work in a team, but the role of each team member must be clearly stated and this role goes with rights and obligations. The basis of this must ring in consonance with patient safety and delivery of quality care. There should be a reflection of division of labor among the team members. We as heath care professionals have a duty to care and protect the patient this is our obligation and nothing should be used to compromise this. When we are obliged to take good care of our clients, then we can work towards achieving quality of care and patient safety (Sharpe 2004, p.72).

To work toward the safety of our patients in a health care system, the basic fact which is paramount to the success of the team is getting involve and taking responsibilities rather than forgoing them and blaming each other in the team. The whole objective of the health care team must be focused on quality and safety, we must try to identify the sources of potential errors and prevent them. In such a state there should be innovations and flexibility, because surely some element of conflict and errors would happened and we must be bold to accept it and work towards finding solutions to them whenever they occur again.

One way of doing this is to know who are obliged for what and what right each one in a team had to do a particular task. However in doing that we must do it carefully so as not to seem that we are reporting each other's work to a superior authority. In all we must learn from whatever happens, compensate when the need comes and correct our self as a team to avoid reoccurrence. The shift must be on collective performance not individual punishment (Sharpe 2004, p. 72).

2.4 OBLIGATIONS AND RIGHTS COMPARED

Obligations and rights are necessary in any health care environment. Each member of a team must know his duty and the responsibility that goes with it. The limits set for members must be clear and definite roles must be given to each member. This helps to work on guarded principle to enhance safety.

Table 1 Obligations and Rights compared.

OBLIGATION OF HEALTH CARE TEAM	RIGHTS OF PROVIDER/PATIENT HEALTH CARE TEAM
1. Is the duty of every member to help improve the system	1. Members have the right to point out, and discuss openly and honestly without fear.
2. You must be knowledgeable to be part of the medical team.	2. Have the right to engage in error assessment and improvement of those process accidents of which they are a part or which affect their activities.
3. Patients have an obligation to maintain and communicate personal medical information and to be part of the systems process of care delivery and improvement those results in an acceptable level of health.	3. Patients have the right to vent, communicate their perspectives regarding error, participate in corrective action, and obtain compensation for medical process accidents of which they are a part or which affect their activities.

Sources: Ethics, law and nursing by Brazier et al. (1995), pages 14-16.

In keeping with the current state of science and its advances, a health care professional has both the right and obligation to continuously develop and advance in knowledge to enhance quality of care.

2.5 ACCOUNTABILITY AND PATIENT SAFETY

When errors occur due to failures within the system, the complex nature of the health care environmental system must be held accountable to those who are affected by the failure whether is a client or a provider. Considering, the serious nature of health care

obligations, we as professionals must report and account for any error with mutual respect, trust, responsibility and partnership (Liang, 2002a). This is the principle of proper accountability.

In any health care team we must be accountable to each other, we should not let the court of law to force us to speak the truth about a system failure or possible miss-happening, instead our ethics should guide as and be obliged to stand out to account for whatever problem we as a team encounter in the course of our duty. This will pave the way for learning and improve patient safety (Sharpe 2004 p.72.).

Liability is stressed in the debate on patient safety because how decision makers are held liable is alleged to impact on how they make decisions and the quality of those decisions. Social links such as culpability are indeed commanding forces affecting human decision–making, and these relationships have been studied in organizational dynamics, social cognition, and human-machine interaction (Hirschhorn, 1993).

Individualism and pushing blame hampers health care delivery, accountability rest with the system rather than with the individual. Personal humiliation on a situation is not the best and hinders growth and opportunity to learn new things. The basic philosophy of caring for patient must be the core value to stand to give accountability; this improves quality and boost patient safety in health care system (Sharpe 2004 p.72).

2.6 APOLOGY AND PATIENT SAFETY

To have compassion about a situation and to realize the harm that has been caused by the system to the receiver is an element of apology. The theory of apology in safety issues is based on admitting the fault of the health care team as a total responsibility of the group rather than pointing accusing fingers at individuals in the team. Apology is an important tool in patient safety issues (Cohen, cited by Sharpe 2004 p. 67). To use apology, the providers of care must tread cautiously, this is because the legal system may interpret it as deliberate mistakes and try to use the law to their advantage (Campaigne et al cited by Sharpe 2004 p. 67).

In rendering apology we must be sincere and candid, we must do it in a collective pattern. We say we are sorry not that he or she says she is sorry, apology must be rendered in a collective form not individualistic way. When this is done in the right way it limits fear and conflict which eventually leads to working with confidence in a team and a sense of belongingness. The outcome of good apology gives us opportunity to learn and be aware of oncoming situations and how to deal with them. It limits conflict within but rather enhances patient safety.

In sharp contrast to litigation, health care players have high levels of satisfaction with mediation(Dauer & Becker cited by Sharpe 2004 p.72.), and thus the use of this dispute resolution tool benefits both parties while resolving conflict in a much shorter time so that all may move beyond the incident to heal physically and emotionally.

In line with these patient safety issue and team working environment that exist in the health care sector, it is crucial for nurses to establish a good relationship among themselves to prevent and mange conflict so as to reduce preventable accident at hospitals. It is my view to look at how to prevent and manage cultural conflict so as to improve quality of care and patient safety.

3 REASONS FOR THIS THESIS & PROBLEM IDENTIFICATION

The current focus on patient safety in health care means that people and groups with different cultural background must collaborate to deliver decent quality health care to their client. This growing interdependence may also cause increased role conflict. This in one way or the other might affect patient safety and quality of care. The management and prevention of conflicts is critical to the effectiveness of patient care in any health care environment or organization and has a direct link to patient safety.

There is the need for nurses globally and in particular Finland. Students are admitted to do international nursing programmes in Universities of Applied Sciences in Finland. These students graduate as nurses and most of them worked in Finnish health care intuitions with the native Finns. Some hospitals in Finland also recruit international nurses

from Spain to work in hospitals in Finland. Finland has actively started to search work force for health care. The purpose is to find professionals within European Union when the Finnish health care staffs retire. There is a growing number of elderly people and not adequate young professionals to take care of them. Currently about 4000 Spanish nurses have applied work in Finland (E U & Finland, 2012).

The representative of Finnish practical nurses welcome foreign work force, but requires that they get appropriate training. A Trade Union representative Kaasinen-Parkatti (2012)" says that it is the employer who is then responsible for training the European migrant employees". The companies must realize that it is their duty to take care of the language skills of the nurses. Language in nursing is a valuable asset and migrant nurses must speak Finnish language. The employers have gone as far as Spain to train these nurses to learn the language in Spain for some time before they finally move to Finland. It is also not easy integrating into the Finnish system as there are a lot of differences in ideals and values, Kaasinen-Parkatti (2012).The nature of the working environment and condition of working inevitably may create tensions and conflict, however resolving this conflict amicably can help in the patient safety puzzle. This is the reason why I made a research in this area.

3.1 AIM OF THIS THESIS

In a multicultural health care environment, cultural conflict is bond to occur due to several factors such as values, language skills, customs etc. which affects patient care and safety. The aim of this thesis is to look at how cultural conflict can be prevented and managed in a health care environment and its effect on patient safety.

3.2 RESEACH QUESTIONS

To achieve the above aim, the research question looked at was, what are the different strategies use by nurse administrators to prevent and manage cultural conflict in hospitals to improve patient safety?

4 METHOD

To achieve the above aim and find answers to the research question, the literature found was analysed using the content analysis method.Content analysis is a method that may be used with either qualitative or quantitative data and in an inductive or deductive way. Qualitative content analysis is often and commonly used in nursing studies but little has been published on the analysis process and many research books generally only provide a short description of this method. (Elo & Kyngäs, 2008).Deductive approach is useful if the general aim was to test a previous theory in a different situation or to compare categories at different time periods (Elo & Kyngäs, 2008).

Fereday& Muir-Cochrane (2006) list six stages for conducting deductive analysis: *(1)* developing the code manual that includes the code label or name, the definition of what the theme concerns, and a description of how to know when the theme occurs; (2) testing the reliability of the code by determining the applicability of the code to the raw information; (3) summarizing data and identifying initial themes; (4) applying template of codes and additional coding; (5) connecting the codes and identifying themes; and finally (6) corroborating and legitimating coded themes. Deductive content analysis is used when the structure of analysis is operationalized on the basis of previous knowledge. In this work the sentences were underlined with different markings, condense and subcategories formed from the main categories.

Over the past decade there has been ongoing research about patient safety and how health care professionals should relate to each other to achieve the safety goal. That is the reason why the deductive content analysis process was used to analyze the literature that was found. The first article was a good one with main category; the name of the article is Managers duty to maintain good workplace communications skills writing by Timmins (2011) June. From this article the main categories where chosen from and after that deductive content analysis was done. More categories were created from the other

articles .The main categories found was patient safety and under patient safety sub categories where created: quality of care, shared governance, conflict management, communication, self-awareness, trust and team work. The second main category was conflict management strategy and under this a subcategories of, accommodating, avoiding, compromising, competition and collaboration were created. The third main category was cultural conflict and on this a subcategory of language, values, norms and believes were created. This was done by using different makings and the concepts were taking from the underlining sentences. The article was read, sentences underlined, condense, categorized. For example patient safety was marked with red, conflict management strategy mark with yellow and cultural conflict marked with pink.

Subsequently the other articles were read and grouped under the main categories when each sentence that has a link to my objectives for this work was found.

4.1 TABLE OF CATEGORIZATION OF THE ARTICLES

Below is an example of how the sentences from the articles were chosen, condensed, subcategories and main categories created?

MEANING UNIT SENTENCE	CONDENSED MEANING UNIT	SUB CATEGORIES	MAIN CATEGORIES
1. There is the need for staff meetings, communication, and open approach to leadership styles, making decisions mutual respect and views about offering care without compromising quality of care.	Good relationships between nurses and other health care professionals as well as patients are important to quality care.	communication	Patient safety
2. Face to face interactions and positive communication are relevant in enhancing quality of care and reducing medical errors in medical care.	Effective and positive communication has an important role to play if medical errors are to be minimized.	Communication/	Patient safety.

3. Innovative practice is also a sign of participative safety which is related to a general climate of trust and participation within teams, characterized by recrimination from other teams.	Believing in each member of a team boost confidence and ensures that the patient is safe.	Trust.	Patient safety.
4.Division of labor are important are important tools in most health care environment, a more liberal and all inclusive leadership and management styles must be adopted with each employee held accountable for their contribution to the patient outcome.	Work and duties must be divided and shared among nurses in each team with each person accepting responsibility and accorded the necessary power and authority.	Shared governance.	Patient safety.
5. Effective team working is an important tool in delivering high quality patient care. Working in a team involves a lots of groups and if there is no cordial atmosphere among nurses the aim of the team might not be achieved.	Groups within groups have to communicate well to ensure that the objectives of the team are achieved.	Team work.	Patient safety.
6. Confronting conflict situations is a good process to resolve it. It requires much effort to do the right thing at the right time.	Confrontation is one way of identifying and settling conflict in hospitals among nurses.	Confrontation	Conflict management strategy.
7. Resolving conflict represents the one best- way long term approach, which emphasizes that contextual variables are changeable and that the ideal organization should be brought nearer by all manner of means.	Several methods and approaches must be adopted and applied depending on the type of conflict to resolve it. Every situation and the type of conflict strategy to use.	Avoiding, Compromising. Competition. Collaboration.	Conflict management strategies.
8. Due to the incongruity of desires, goals or values between individuals or groups, including attempts to prove their own positions accompanying mutual antagonistic feelings, cultural conflicts	Cultural values, including goals, values, desires, interest, attitudes, manners, language etc. are sure to occur in hospitals among nurses.	Language as a barrier.	Cultural conflict.

are inevitable.			

Table 2 Categorization of articles

The other articles were analyzed and treated the same way, as the above.

4.2 SEARCH STRATEGY FOR THE ARTICLES

The articles used for this work were ten in total. The search strategy was done using EBSCO and the search was done at Arcada University of Applied Sciences Library.The Arcada Nelli portal page was used, Health care, occupational therapy, physiotherapy and sports programs were used. The data base search was made by selecting academic search elite (EBSCO) .The key words used in the search for the articles were patient safety or nurse managers, communication and cultural conflict. The total articles that appeared were 4,774. These articles were limited using peer review, year range from 2010-2014. 5 articles were selected randomly from the above search criteria. Another search was made with the following key words combination patient safety, communication and nurses using CINAHL EBSCO data base, in this search the hits were 69 and 3 articles were chosen, the articles chosen were peer reviewed articles and the year ranges from 2009-2014. A third search was made using CINAHL EBSCO with patient safety, culture and leadership styles as key words, only one article was hit and it was chosen for this work. The last searches combine the following key words, conflicts, hospitals and nurse using CINAHL EBSCO. The hits were 44, years range from 2005-2014 and 2 articles were chosen randomly.

Articles published in only English language was used in this work. Books and other reference materials were also used in this work. Some useful materials were also taken from sites such as google scholar and Biomed central; however their use was limited in this work.

The table below summaries the inclusion and exclusion criteria for the selection of the articles:

INCLUSION CRITARIA	EXCLUTION CRITARIA
➢ Articles published in English Language ➢ Free articles. ➢ Articles with abstract. ➢ Scholarly written articles. ➢ Full pdf articles. ➢ Related articles.	➢ Articles publish in other languages but not English. ➢ Articles that cost. ➢ Articles without abstract ➢ Nonscientific articles ➢ Older articles for the limitation year 2000 and below. ➢ Articles not related especially from psychiatric point of view.

Table 3 Inclusion and exclusion criteria for the selection of the articles

4.3 SUMMARY OF THE ARTICLES AND THEIR AUTHORS

The table below gives a summary of the articles used for this work.

TITTLE OF ARTICLE	SUMMARY	AUTHOR and YEAR
1. Managers duty to maintain good work-place communication.	Developing and creating good environment among nurses to enhance communication in hospitals.	Fiona Timmins 2011
2. Improving teamwork, trust and safety. An ethnographic study of inter-professional, initiative.	Better interaction among nurses, can lead to good team working and trust that can enhance the quality of care in hospitals	Aled Jones and Dely Jones 2011
3.Nurses Physician relationships in Hospitals 20000 Nurses tell their story	Good relationships between nurses and physicians are important to high quality patient care.	Claudia Schmalenberg and Marlene Kramer.2009
4. Nurse Physician communication, an organizational accountability.	Changing behavior, norms, values are important way to settle conflict using.	Patricia H. Arford 2005
5.Speaking up, being heard, registered perceptions of workplace communication	Open communication is important in the health care environment. This increase patient safety and improves quality of care.	Maryanne Garon 2011.
6. Clinical human factors, the need to speak up to improve patient safety.	The dynamics of quite culture at work place hinders patient safety. Nurses must speak when the need arise, this promote	Reid J, Bromiley. M 2012.

	safety of patients at hospitals.	
7. Transforming the Doctor nurse game to improve patient safety.	Common culpability for care when divided among nurses, physicians and pharmacists flourishes in organizations in which systems enhancements, rather than the blame game and shame, shapes safety efforts.	Zane Robinson Wolf. 2006

8. Conflict management styles, The Iranian general preference compared to the Swedish.	Culture can be a factor in the way conflict are resolved. Avoiding, compromising, accommodating, competing and collaboration are widely accepted to manage conflict	Hossein Khanaki, Nassanzadeh. 2010
9. Leadership styles and choice of strategy in conflict management among Israeli nurse managers in general hospitals.	Nurse managers deal with conflict daily. The ability to creatively manage conflict situations, towards constructive outcomes is becoming a standard requirement.	Tova Heendel 2005
10. Conflict management in public hospitals, the Cyprus case.	Enhanced communication, impartial management practices and clear job description and expectations may be needed to manage conflict effectively.	A.Pavlakis et al 2011.

Table 4 Summary of the articles and their authors

4.4 RELIABILITY AND VALIDITY

Reliability refers to "the extent to which results of a study are accurate representation of the total population and consistent over a period of time."(Joppe, 2000); The work has been done is such a way that the result and findings are reliable as most research findings indicate a positive coloration between conflict management, efficient and effective patient care that leads to patient safety. The study was consistent and used the necessary tools available to measure what it wants to measure "Conflict resolving to enhance patient safety in nursing." The findings of this work is valid since most literature that was used have used scientific instrument to come out with their results which is in line with

this thesis and have been proven over the past two decade and has stood the test of time, the findings in this work is also consistent with the available literature.

4.5 ETHICAL CONSIDERATION

Arcada University of Applied science has a good framework and guidance for research work. This work has been done according to the framework of Arcada. Articles used have been properly referenced to avoid plagiarism. Scientific article were used this work. Ethics which was derived from the Greek word ethos simple means ones character or moral right. Ethics in research nowadays refers to a branch of philosophy that is concerned with how people should behave, act and conduct themselves as they do research. It entails given judgment about the actions for using ones work whether right or wrong and making rules to justify these actions (Kicthener, 2000).The researcher followed the procedure for doing research by submitting his proposal to his supervisor for approval before stating this work. As the work continued to develop, the supervisor guided and corrected the work in accordance with ethical rules and regulations. It is in the researcher's view that this work has been done in line with the rules and regulations that governs research work at the Arcada University of applied science.

5 RESULTS

The main categories for this thesis are patient safety, conflict management strategies, and cultural conflicts. In patient safety the following subcategories were found: shared governance, self-awareness, trust, team work, quality of care and communication. In conflict management strategies the following subcategories were found: leadership styles, avoiding, compromising, competition, accommodating. Lastly in the third main category, cultural conflicts: language, believes, values and norms were the subcategories found.

5.1 PATIENT SAFETY

Patient safety is defined as the prevention of harm to patients with emphasis placed on the system of care delivery that prevents errors, learns from the errors that do occur, and is built on a culture of safety that involves health care professionals, organizations, and patients (Pamela, 2008). A number of factors put together and executed correctly help to improve patient safety. In this work the subcategories found under patient safety are communication, trust, shared governance and teamwork.

5.1.1 COMMUNICATION

Patient safety has a direct link to effective communication. When communication is better, the more appropriate care is given and better result leading to improvement in patient safety. It is therefore adamant that managers in health care institutions create and ensure better communication among the staff in hospitals. Providing good and quality care partially involves proper and effective communication among staff and the patients (Timmins, 2011).

Research has shown that, frequent effective nurse-physician communication is linked to patient survival in intensive care units; on the other hand dysfunctional nurse-physician communication gives way to errors in medication. Active communication is a vital too in improving patient safety(Zimmerman & Baggs et al cited by Arford, 2005) This assertion is true because when nurses are able to communicate freely, errors will be limited and hence better approach to providing of care which leads to better results.

Interestingly effective nurse physician relationship has not been given priority in recent times; rather the shift is on cost effectiveness, efficiency, continuity of care, and RN job enhancement. This is even worse as the struggle for power and position in the healthcare environment has increased recently. Nurses –physician relationship can be conflictive and dysfunctional (Arford, 2005).

To create a good working environment, professionals in the health care environment must ensure good and sound relationships among themselves, this gives better job satisfaction. (Thyer cited by Timmins, 2011) is of the view that regular staff meetings might help where nurse managers must adopt the use of open approach in their leadership

styles and listen to the views of the whole staff as well as involves them in the process of decision making and governance with mutual respect for each other's views and opinions concerning the offering of care with patient safety and quality of care in mind.

To further place more emphasis on patient safety (Drach-Zahavy cited by Timmins, 2011) also identified the importance of managers to adopt open friendly and flexible approaches to nurse's interaction. Rosenblatt & Davis (2009) stresses on the fact that face to face interactions and positive communication are relevant in enhancing quality of care and reduce errors in medical care.

According to Aled & Delyth (2011), if staff report positively in working life and team-work, then there is the tendency for patient safety to improve. Innovative practice is also a sign of participative safety which is related to a general climate of trust and participation within teams, characterized by recrimination from other team members.
A lot of factors must be looked at in the health care environment concerning open communication. Nurses are considered as oppressed group, with limitation in power. Roberts cited by Garon (2012) describe this oppress group as a silence group, by not being open and speaking up, they believe that they can avoid conflict, maintain their dignity and be qualified as good nurses. These nurses believe that power was from above and that they feel inferior to voice out their opinions in a multidisciplinary team.
Any organization is affected negatively when there is a culture of organizational silence, it is dangerous for patient safety, it affects the employees and the organization itself, this is because executives and managers do not get the right and accurate information to help the organization prosper (Garon 2012).

Feedbacks are necessary for improvement but studies show that managers were found to disregard feedbacks due to their own believes, for a climate of openness to exist nurses must have the faith that their opinions will be heard and acted open and that they will not be held personally to account for them (Morrison & Milliken cited by Garon 2012).The official language in Finland is Finnish language, cultural believes of foreign health care workers affect Communication and has it consequence on patient safety. The diagram below illustrates the effect of communication on patient safety.

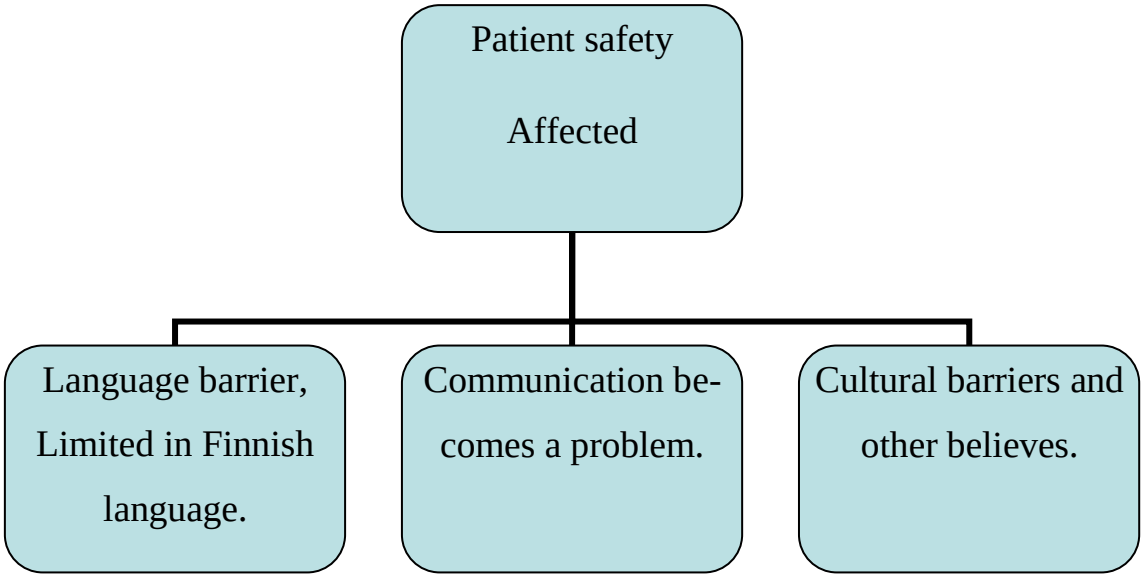


Figure 3 Communication as a potential risk to patient safety

(U.S. Department of Health & Human Services, 2012)

Managers must encourage nurses to speak up and sometimes reward them. The entire communication channel in the health care environment must have a critical looked; to help support the staff and change the organizational structure where only the managers speak are heard. This will eventually lead to better and safer patient care. (U.S. Department of Health & Human resources 2012).

5.1.2 TRUST IN THE PATIENT SAFETY PUZZLE

Trust is an important factor in health care environment due to the teaming nature of the health care profession. Meeting together constantly and continuously to find solutions to problems help to foster and build good trust among nurses in a team. It is important to note that trust itself does not make significant difference, but a cordial friendship relationship is developed gradually and that takes the team through hard times. Members in a team are sure that their colleagues are and able to do the right thing at the right time as a result of trust (Jackson cited by Aled & Delyth, 2011).The characteristics of trust include-friendship, communication and respect for each member in the team which each team is obliged to have. Working in an atmosphere of friendliness, trustworthiness, and closer relationships helps each member to have the trust and faith that, others are competent and can stand to the task they have been given to execute when difficult times arise. In such a trustworthy atmosphere conflict tend to be minimized whiles the safety of patient tends to improve as the objectives of the team are achieved.

Patients must also have trust in the service they receive; trustworthiness comes as a result of improvement in safety issues, where the patients have their trust in the health care providers, take responsibility in the care process on safety issues, when they are honest and truthful, then they contribute enormously to safe patient care. When this trust is created, harms and injuries are viewed from different perspective; room is created for innovation and correction. Patients who are harmed might in some circumstances appropriately forgive and resume trusting. The blame game and litigation reduces leading to a safer atmosphere for care. Providers must trust the patient and vice versa, this helps reduce medical errors whiles patient safety is improved (Entwistle & Quick, 2006).

5.1.3 SHARED GOVERNANCE

All nurses' desires to work in a group that has a healthy work atmosphere, where team members work collaboratively and collegially, and where nurses make decisions about the way nursing care is practiced, provided, and measured for continuous improvement. Safeguarding such an environment is simpler if organizations adopt a formal shared governance structure that empowers direct care nurses and other healthcare workers to be involved in decision making around patient care in all practice settings (Miranda-Wood, 2011).

Decision making in a health care environment is a delicate issue, more skills are required to make informed and reliable decision to enhance quality of care. Most studies have ascertained the fact that communication and division of labor are important tools in most healthcare environment. According to Koupidis et al (2010), shared governance and involving the entire work force in the decision making process goes a long way to improve communication, give power and authority to others as well as increase staff job satisfaction. Trend in the cost of giving health care has increased over the last decade and there is no sign that the trend will decrease, but as nurses and health care professionals quality and safety should not be compromised with the cost of health care.

Robertson-Malt & Chapman (2008) reports that "the trend of escalating health care cost shows no signs of reducing but to sustain patient safety and quality of care provided not

withstanding conflict demands of cost control and patient satisfaction regarding best practice, a more liberal and all inclusive leadership and management styles must be adopted, where each employee is held accountable for their contribution to the quality of patient care outcomes is needed. Communal Power organization is used to allow nurses to share leadership, identify concerns and initiative decisions to improve professional practice, patient care, quality and safety. Each member is obliged and feels responsible towards working to achieve the aims of the team. The Shared Governance structure promotes nurses to become forward-thinking in their approach to problem solving and enhancing their nursing practice through their Shared Governance councils. This helps to reduce mistakes and enhance effective working relationships. Nurses describe shared governance as the true voice of clinical nurse. Open work atmosphere is created and the administration comes into close contact with the nursing staff (Penn Medicine, 2014).

5.1.4 TEAM WORK

Team "a distinctive set of two or more people who do things together, dynamically, interdependently, and adaptively toward a common and valued goal/objective/mission, who have each been assigned specific roles or functions to perform" (Salas et al 1992, p.4) Teamwork comprises of team structures and team processes. Structure relays to size, roles and type of hierarchy but also accepted ways of behaving. Any of these can promote or destroy team cohesion. Team dynamics are psychological processes. They can be seen most clearly in the way the group interacts, communicates, cooperates, and coordinates (Salas et al, 1992 p.4).

Active team working is an essential tool in providing high quality patient care. Working in a team involves a lot as groups within groups and if there is no cordial atmosphere among these workers the aim of the team might not be achieved. Improving general care of patient might be linked to effective team working. Regular interpersonal meetings shared record keeping and inter-disciplinary goal setting among nurses has helped in the achievement of team goals hospitals (Welsh, cited by Aled & Delyth, 2011).

Better health care outcome has evolved as a result of proper and effective team work. When behaviors, practices, procedures are shared both in informal and formal way within a team every member of the team feel respected and has a duty to make the team a success and towards the achievement of the teams goals and aims. In any team of health care professionals, believes, values that guide attitudes and behavior must be taken into consideration. The cultural background of these health care professionals must also be taken into account when forming the groups and the teams, this helps in the long run to reduce and prevent conflict. According to Aled & Delyth, (2011), autonomy and team work brings a peaceful and cordial environment for nurses and other health care professionals; ensuring professional autonomy is favorable rather than damaging factor. Mutual accountability for patients care when shared among team of health care workers flourishes and the system sees improvement rather than blame, shame and shape safety effort. Conflicts are reduced in teams that manage stress, competition and regulatory pressure. Teams that agree on common goals and aims, strategies, and incentives produce success stories in patient care on the other hand when there is conflict among team members safety is threatened (Zane, 2006).

5.1.5 SELF-AWARNESS

Communication skills are an important element in the health care environment. Practice always makes one perfect, it is in this direction that monitoring in areas of communication as a nurse will go a long way to improve the way health conflict are prevented and solved. Good communication habits are also essential as a role model in any health care institutions. Rosenblatt & Davis (2009) has the opinion that Nurse Managers have power and they are seen as intimidators and have a unidirectional channel of disseminating information, this is challenging and other subordinates view them as obstacles in their way hence they act in a defensive manner whenever they feel intimidated.

Rosenblatt & Davis (2009) further explains that nurse administrators must have the self-awareness of their position and reflect upon their communication skills and be more willing and accommodative enough to listen to their colleagues, this they can achieve by evaluating and getting a feedback about their communication skills. Measures that can

be taking to ensure that there is a cordial atmosphere in any health care institutions may include the ability of the administrators to put up a system of free flow of information, gives room for improvement of relationship, communicating properly as well evaluating the quality of the existing relationship with the staff (Tourish & Mulholland, cited by Timmins, 2011).

It is a challenging process the way individuals become aware of how to relate and communicate with each other at their work places. How-ever Burnard (1997) writes that, "self- awareness is a continuous and evolving process of getting to know who you are". To improve one's communication skills self-awareness can be used as every individual has it. To practice and improve self-awareness nurse mangers should rehearse difficult interactions through audiovisual aid and recordings and evaluate themselves (Rosenblatt & Davis, 2009).

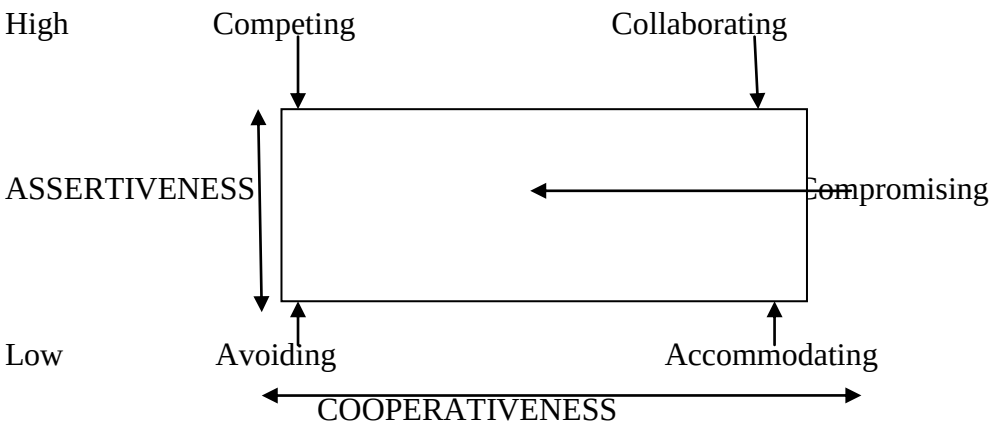
5.2 CONFLICT MANAGEMENT STRATEGIES

Conflict is an integral aspect to all social life. It occurs when individuals or group feels adversely affected by another individual or group; Hendel (2005) defines conflict as a social situation in which there are differences in values and goals between two or more parties, attempts by one group to control the other and antagonistic feelings towards each other. Respecting each other's view in a health care environment has shown to be an effective tool and way to manage and resolve conflict. According to Almost et al cited by Timmins(2011), nurse managers should respect each other on the hierarchy and be positive at all times, withstanding any personal situation that makes it difficult to be so. In end of life situation, studies finds out that nurse-physician conflict may arise. When vital decisions exist among groups, there is the potential for destructive inter-group conflict (Hendel, 2005).

In this main category the following subcategories where found from the literature: avoiding, compromising, competition, accommodating and compromising. These modes according to management theory are used to resolve conflict (Pavlakis et al 2011). These five conflicts modes are measured along two main principles: Assertiveness and Cooperativeness. When a person tries to settle his or her own conflict then that is asser-

tiveness, on the other hand when he or she tries to some extent satisfy others wishes then that is cooperativeness.(Kilmann et al 1978 cited by Khanaki et al, 2010).

The figure below explains the relationships that exist among the five modes of conflict management strategies.



. *Figure 4 Relationships between the five unique conflict modes strategies*

(Source, This diagram was drawn from a video from the internet; Thomas-Kilmann Conflict Mode Instrument 1974,)

Nurse Managers use different strategies to manage conflict. Each manager has a choice of the method to use to manage any conflict depending on the nature and root cause of the problem. Cultural believes and influences also affect the choice of strategy.

The competing response mode stresses on winning one's own concerns at the expense of another to be highly assertive and uncooperative. This is a power oriented mode, with efforts to force and dominate the other, often in a "win lose" fashion, although it may be seen as merely "asserting my rights." Personal values and goals normally overrule concern for relationship Pavlakis et al (2011).

Accommodating is both unassertive and cooperative, concentrating on trying to satisfy the other's concerns without attention to one's own concerns. It includes appeasement, yielding to the other, and agreeing. There could be a note of self- sacrifice and selfless generosity in this mode.

Collaboration is a mode with great emphasis on satisfying the concerns of all parties to work with the other party cooperatively and creatively to find an alternative that combine and fully satisfies the worries and interests of all. This mode is both assertive and cooperative. In such problem solving larger time and energy is requires initially.

Avoiding mode put great emphasis on neglect, withdrawal, denial or apathy to both parties involve in the conflict. It is neither assertive nor cooperative. Compromising is midway in both assertiveness and cooperativeness. It reflects a way for settling a problem mutually acceptable to both parties. (Lee, 2008 cited by Khananki, 2010).

5.2.1 SUMMARY OF CONFLICT MANAGEMENT STYLES

The table below gives a summary of the five conflict mode strategies that are adopted by nurse managers to resolve conflict in health care environment.

STYLE	SUMMARY
COMPROMISING	Moderately assertive and moderately cooperative. It is the midway. Mutual acceptable solution that satisfy both parties.
COLLABORATING	Assertive and cooperative. Tries to find alternatives that satisfy all parties by involving all affected in the conflict.
COMPETING	Defending something that seems right. Win-win solution, using all powers to settle disputes. Assertive and uncooperative
AVOIDING	Put the problem aside until later. Seeks for neither own or others concern. Unassertive and uncooperative.
ACCOMMODATING	Put others first. Selfless way of looking at conflict. Satisfy others first. Unassertive and cooperative.

Table 5 Conflict management styles

Nurse Managers are selective on the strategies they use to handle conflict. It depends on the nature of the conflict and the parties that are involve in the conflict. Values, believes and norms are taken into consideration whiles choosing the right strategy to resolve conflicts.

5.3 CULTURAL CONFLICTS IN HEALTH CARE ENVIRONMENT

Cultural conflicts are inevitable in health care environment. Culture itself is a dynamic fluid, it overlaps and is adoptive. It is everywhere; it guides our behaviours, formulates understandings and shapes our perceptions (Lebaron & Michelle, 2003).

5.3.1 LANGUAGE

Language and communication are potential barriers to quality of health care. The transition, adaptation as well as integration of international nurses in the US are affected by communication skills (Xu et al. 2010). The real potential risk to patient safety has been identified as a major setback in patient safety issues. Competency in language creates a friendly atmosphere and gives job satisfaction.
Cultural background affects the zeal and ability of international nurses to speak up. In a study conducted in California U.S.A, 29% of the health care workers many from Asia (Aiken et al cited by Garon M. 2011): the study concluded on the fact that because of the cultural believes of the Asian which is mainly collectiveness, respect for those in authority and the need to protect oneself, it was difficult for Asian nurses to speak up.

Language fluency is a barrier that hinders educated international educated nurses to communicate well to enhance safety. (Chege & Garon cited by Garon, 2011).
XU, et al, (2010) identified that foreign nurse's ability to speak up for them-selves and their patients were severely hampered by language.

When there is a potential breach of patient safety, nurses must communicate well. Health care professionals must speak up to correct the mistakes. Proper communication is important to safe and competent care (Aiken, Cheung, Brush, Sochalski, Berger, Buerhauas cited by Xu 2010). Studies have proven that fluent command of linguistic skills is important but not enough to ensure effective communication because communication is inherently and intimately linked to culture and work environmental factors. (Xu et al 2010). It is therefore important to know the culture of the people that work in a multicultural health care environment so that proper management styles are adopted by nurse managers to resolve conflict.

6 DISCUSSIONS & CONCLUSION

For conflict to be managed effectively, it is important to recognize what the nature of the conflict is and how it will be managed and resolved. The effective management of conflict in a multicultural health care organization demands the integration of providers who may vary enormously in scale and influence, who may possess contrasting cultures, and who may be dominated by professionals coming from different disciplines based upon conflicting paradigms. The use of appropriate conflict-handling modes in daily decision making in hospitals is one of many challenges facing nurse managers and is influenced both by the individual cultural believes and the environment in which the nurses works. Resolving conflict effectively promote environment that stimulates personal growth and assists in providing quality patient care (Barton, 1991).

The result of this study suggest that head nurses tend to choose a conflict mode which is concerned in a form of lose-lose approach and that no one distinct approach to conflict management has been adopted and fully practiced among nurse administrators. This is in line with the literature. The compromising mode was found to be the most frequent mode in use by head nurses in conflict management and collaborating was found second most frequent. These results support some earlier research findings. The findings of these research works suggested that accommodating was frequently used ,compromising was second most frequently used mode, followed by avoidance, collaboration and competition(Booth,1978) in that order .The optimal goal in resolving conflict, as emphasized in the literature, is creating a win –win solution for all involved. However, this outcome is not possible in every situation. The choice of the most appropriate strategy depends on many variables, such as the situation itself, the time urgency needed to make the decision, the power and status of the players, the importance of the issue, and the maturity of the individuals involved in the conflict. When colleagues have often superior power, a direct competition should be avoided and a pragmatic-oriented approach and a non-confrontational style are preferred (Marquis et al. 1996).

A leader should recognize which conflict management qualities and skills or solutions strategy is most appropriate for each situation. Research emphasizes the importance that individuals and or groups avoid becoming chronically committed to any one strategy, instead remaining skilled at each of them, particularly when trying to achieve enhanced environment or personal power in a multicultural heath care environment (Coleman, 2000).

Modern health care systems are becoming increasingly complex. The safety of the patient is at stake, there are shot falls in the standard of care. Conflict is also inevitable due to believes, norms and practices of the health care professionals as well as the patients themselves. To work towards the goal of patient safety, conflict must be managed well and resolved amicably. It is therefore very important to identify the nature of the conflict and choose the right method to resolve it. The safety of patient dominate and is paramount in the health sector, hence personal believes and cultures, close groups, unhealthy atmosphere at work places must not be encouraged. Errors may sometimes occur but we must use the situation to learn so that the same mistakes might not be repeated. (Barton 1991).

Stake holders must remember that the health care system is not 100% efficient and there is a lot of room for improvement as error is sure to occur. System errors are to be given attention and it is time the blame game must be stop if safety of the patient needs improvement when errors occur. There must be mutual respect in solving complex medical error problems at the hospitals. Legalities in cases of error happenings hinder the progress of innovation and courage to work towards attaining a satisfactory level in patient safety. The system must be held accountable when errors occur not forgetting that health care providers and receivers must be accountable to each other. The players in health care must know their rights and obligation as well as their limits. Apology must not be viewed as a failure but rather an opportunity for solving conflict and improving patient safety. (Sharpe 2004 page 67).

To be safe goes beyond carefulness, nurses must have foresight into the future and try as much as possible to prevent issues that might lead to unsafe patient care. Safety need to penetrate every aspect of health care not only areas identified as potential risk. It trans-

cend beyond cultures, groups, ethnicity and color. It is very important to recognize safety risk in the environment where it exists so that the appropriate remedy will be implemented (Headley, 2014).

Culture plays significant role in the way people perceive health. Communities, individuals, families and friends view health on cultural basis. Beliefs and caring practices about illness and wellbeing are imbedded in one's cultural believes. Health comes to reality with different rankings, some look at the anatomy of their body, the state of mind, body and soul, characteristics of their body and psychological patterns to judge whether they are in good health or not. Others look at the structure of the society and community (Alligood, et al 2006 p.125).

The health care system on the other determines the way people are classified as either sick or well, health care professionals view health from different angle not the same as care receivers, this is connected to people including nurses in a cultural group and organizational culture (Helman, 1997). In this way health has a direct link to cultural beliefs and norms. It is therefore important to take heed on the delicate nature of the health care system and cultural differences as they might affect the way we work towards realizing the ultimate aims of the health care system.

As Leiningers write" We are entering a new phase of nursing as we value and use transcultural nursing knowledge with a focus on human caring, health, and illness behaviors. With the migration of many cultural groups and the rise of the consumer cultural identity, and demands in culturally based care, nurses are realizing the need for culturally sensitive and competent practices. Most countries and communities of the world are multicultural today, and so health personnel are expected to understand and respond to clients of diverse and similar cultures. Immigrants and people from unfamiliar cultures expect nurses to respect and respond to values, beliefs, lifeway's, and need. No longer can nurses practice cultural nursing", (Alligood, 2006 p. 486).

6.1 IMPLICATION AND FURTHER RESEARCH

The researcher believes that preparation in cultural conflict management should start early and if possible at nursing training universities and colleges. It should include, in the first stage, the knowledge of causes of conflict, the conflict process and the skills required to handle and effectively manage conflicts. Graduate student should, through planned exercises, be able to negotiate and analyze strategies and tactics for effectively implementing their available power in conflicts resolution. Skill and comfort in using a variety of conflict handling modes may help to develop a repertoire of conflict situations. Learning in the work environment can also be done through observation. Superiors may serve as role models and mentors for junior nurses.

In addition to the importance of education and skill training when conflict occurs in the unit, nurse managers must deal appropriately with that conflict. Strategies that may create tensions among nurses must not be used to handle conflict. More emphasis should be placed on preventing conflict rather managing them; this enhances unity among the nurses at their work place. More time should be spent on conflict as it is a key factor for patient safety. Further studies should be done in the area of conflict management in health care institutions.

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