Developing Conflict Engagement Competence at the Staff Nurse Level

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What is Conflict?

• Any situation in which people perceive themselves to have incompatible goals, interests, principles, or reactions.

(Center for American Nurses, 2010).
Challenges for Nursing

• How can health systems proactively address intimidating and disruptive behaviors that lead to **destructive** conflict issues in the workplace?
• How can nurse leaders support their staff for **constructive** conflict engagement with physicians and other colleagues rather than avoidance of conflict?
• How can we accomplish **sustainability** of conflict competent skills?
Addressing the Challenge

• To proactively address conflict in workplace, the Department of Nursing committed to utilizing the Center for American Nurses’ Conflict Engagement Profile program.
Goals of the Project

– Create a program that is time efficient, cost effective, and meaningful to staff nurses.
– Develop staff nurse skill in the use of constructive conflict engagement strategies
– Build a community of practice for ongoing support in addressing conflict
Framework

• Susan Jo Roberts’ model of identity development for nursing. (Roberts, 2000)

Design

• Pre-test with post-test at 6 months
• Conflict Dynamic Profile Instrument (CDPI)
Conflict Engagement Profile Program

“Knowledge + Competency + Coaching = Healthy Work Environments”

(Center for American Nurses, 2010)

• Knowledge
  • On-line tutorial on conflict in clinical practice

• Competency
  • 4-hour skill development workshop

• Coaching
  • Learning Circles: practice, practice, practice
Conflict Engagement: Individual Responses to Conflict

Hot buttons

Constructive Responses
- Perspective taking
- Creating solutions
- Expressing emotions
- Reaching out
- Reflective thinking
- Delay responding
- Adapting

Destructive Responses
- Winning at all costs
- Displaying anger
- Demeaning others
- Retaliating
- Avoiding
- Yielding
- Hiding emotions
- Self-criticizing
Learning Circles (LCs)

• **Timeframe**
  - 1 hour sessions for 4 months following the workshop

• **Meeting Format**
  - Discussion – thoughts on conflict
  - Practice – role play
    - One role play scenario provided
    - Participants provide other scenarios for role play
    - Three people participate in the role play with one person being a resource to both players
  - Discussion and homework for next month
Participants

• 45 of 202 (22%) staff nurses with a clinical designation of Expert Leader (EL) volunteered to participate
• Median age was 50 years
• Median time of employment was 18 years
  – 58% employed in the hospital setting
  – 42% employed in the clinic setting
• 56% had a bachelor’s degree
• 58% were active in the system’s shared governance structure
Focus area selected for each Learning Circles

• Month 1 - Perspective Taking
• Month 2 - Hot Buttons
• Month 3 - Destructive Strategies
• Month 4 - Constructive Strategies

Attendance

• 91% attended at least one LCs
• 76% attended 2 or more LCs
• 50% attended 3 or more LCs
Comparison of Conflict Dynamic Profile Constructive Responses
Gundersen Lutheran Training

Perspective
Creating Solutions
Expressing Emotions
Reaching Out
Reflective Thinking
Delay Responding
Adapting

Average T-score

October 2010
April 2011
Comparison of Conflict Dynamic Profile Destructive Responses Gundersen
Lutheran Training

Average T-Score

Winning  Displaying Anger  Demeaning Others  Retaliating  Avoiding  Yielding  Hiding Emotions  Self Criticizing

October 2010  April 2011

Lessons Learned

• Raising awareness
• Constructive strategies remained the same or improved
• With the exception of “demeaning others, destructive strategies remained the same or deceased
• Skill building occurred over time
• At the 4th LC participants voiced their personal commitment to improving skills (goal for next year)
• At the 4th LC participants began to recognize how their behaviors contribute to ongoing conflict
Barriers

• Need for consistent working definition of conflict
• Belief that all conflict is bad
• Perception that conflict doesn’t exist in the current work setting
• In developing a proactive initiative, research suggests starting with manager training, but little evidence for moving forward with staff nurses
• Cost
• Limited opportunity for structured learning for ongoing skill building (too busy)
Benefits of the Journey

What would we like staff to experience

• Improve interdisciplinary communication, relationships, and job satisfaction
• Minimize stress
• Increase workgroup cohesiveness
• Increase staff retention
• Lead to an empowered and autonomous staff
• Improve patient outcomes
• Hear other’s stories
Further recommendations for Research

• Sustainability
• LCs with the Nurse Residency over a year long program
• “Coaching” with Manager population
• Interprofessional communication video
Questions???
References


References


